

Transgender Healthcare in Montgomery County

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Transgender is a broad term that is used to describe an individual whose gender identity, gender expression or behavior does not conform to the sex they were assigned at birth. The transgender community represents a spectrum of gender identities and expressions and is not indicative of sexual orientation, hormonal makeup, physical anatomy or how an individual is perceived in public. As of June 2022, the Williams Institute (UCLA School of Law) estimates there are 24,000 adults and 8,000 youth that identify as transgender in Maryland.

Historically and currently, the transgender community faces discrimination, stigma, and hostility that can significantly affect their physical, mental, and behavioral health. This Office of Legislative Oversight (OLO) report responds to the County Council's request to examine the availability and accessibility of healthcare for transgender individuals in the County.

Gender-affirming care, sometimes referred to as transition-related care, is a range of services, including social, psychological, behavioral, and medical interventions “designed to support and affirm an individual’s gender identity” when it conflicts with the gender they were assigned at birth. **It is imperative to note that many stakeholders report that all primary and preventative medical care for transgender people is and should be considered gender-affirming care.** Gender-affirming care should include all medical, psychological, and emotional care from a provider who is culturally and medically competent to care for a transgender individual in an environment where they feel safe.

Healthcare Outcomes for Transgender People

The limited data on transgender health and healthcare in the United States show that transgender individuals are more likely overall to experience fair/poor health and had higher rates of serious psychological distress when compared with cisgender people. Transgender people also report significant rates of coverage denial for services related to being transgender.

Transgender Healthcare Services in Montgomery County

There are limited services for transgender individuals in Montgomery County. The County Government does not provide trans-specific services. OLO identified three clinics in the County that provide gender-affirming care (including hormone therapy, specialized mental health, etc.):

- Planned Parenthood – Gaithersburg provides primary care and most gender-affirming services for transgender patients;
- Mary’s Center provides primary care services to transgender patients and has two adult clinicians in the Silver Spring location that provide gender-affirming care; and
- CCI Health Services provides primarily primary care for patients and provides limited gender-affirming services but is actively working on expanding its transgender services.

The County’s Department of Health and Human Services does not provide any trans-exclusive services – there is no traditional “gender-affirming” care. However, transgender individuals can access any services DHHS offers. While the department does not provide trans-exclusive services, DHHS staff report the Public Health Officer has identified the LGBTQIA+ community as a priority within the department, including a focus on the transgender community. The department has completed the following actions to emphasize this support: added inclusive language on most DHHS intake forms and health records; funded several events including the MDTrans Resilience Conference and County Pride Festival; and launched a website providing information on events and resources for LGBTQIA+ individuals.

Barriers to Healthcare Services for Transgender People

Nationally and locally, the biggest barrier to healthcare for transgender individuals is a lack of knowledge and training among healthcare providers to respectfully interact with and care for transgender patients. As a result, many individuals report having to travel great distances to see knowledgeable providers, or they must be knowledgeable about their transgender healthcare in order to teach their provider about their own healthcare.

In addition to a lack of culturally competent healthcare providers, other barriers to healthcare for transgender individuals include non-affirming environments and lack of health insurance. Transgender people also experience higher levels of socioeconomic barriers to healthcare, such as living below the poverty line, higher rates of homelessness, higher likelihood of experiencing sexual and physical assaults, bullying, harassment and unequal treatment in public accommodations, and higher unemployment rates. All these barriers are magnified for Black, Indigenous and People of Color (BIPOC) transgender individuals. One study summarized the prevalence of these barriers.

	All Transgender People	Transgender People of Color
Postponed or avoided getting preventive screenings in the past year for fear of discrimination	40%	54%
Postponed or avoided necessary medical care because of cost	51%	60%
Experienced some form of mistreatment (including the refusal of care, misgendering, and verbal/physical abuse) by a provider in the past year	50%	68%
Denied gender-affirming care by a health insurer in the past year	46%	56%
Had no insurance or only partial coverage of gender-affirming care	48%	54%
Health insurer refused to change their name or gender on health records	34%	39%

Montgomery County. A survey conducted by the County's DHHS and the LGBTQ+ Advisory Board found that, overall, people within the LGBTQIA+ community feel safe in the County. However, the transgender community experienced more adverse outcomes and more difficulty within the healthcare environment in the County.

Outcome	NOT Trans, gender expansive and questioning respondents	Trans, gender expansive and questioning respondents
Have a provider that was visibly uncomfortable because of their actual or perceived orientation or gender identity	13%	30%
Have to teach the doctor about their sexual orientation or gender identity	16%	43%
Have a provider use harsh/abusive language during treatment or be refused treatment	3%	14%
For those seeking gender-affirming care:		
Found it difficult to find a provider to support gender-affirming care	NA	41%
Found it difficult to find gender-affirming mental health support	NA	42%
A provider misgendered them or used the wrong name	NA	47%
Office staff misgendered them or used the wrong name	NA	49%
Provider refused to provide them with gender-affirming care	NA	15%

The barriers to transgender healthcare reported by Montgomery County residents were similar to barriers seen in national data. For those seeking gender-affirming care, the largest barriers identified were cost (36%), lack of information (29%) and lack of social support (22%).

Services in Other Local Jurisdictions

Baltimore and Washington, D.C. have a long history of work, advocacy, and visibility for LGBTQIA+ individuals, which has created central hubs for resources and services. These locations have several gender-expansive programs and centers that Montgomery County residents access because of lack of services in the County. Some of these facilities include:

- Chase Brexton Health Services/Center for LGBTQ Health Equity (Baltimore);
- Johns Hopkins Center for Transgender and Gender Expansive Health (Baltimore);
- STAR TRACK Adolescent Health Program (University of Maryland Health System);
- Whitman-Walker Health (Washington, D.C.); and
- Children's National (Washington, D.C.).

Stakeholder Feedback

OLO spoke with numerous advocacy groups, government officials, and service providers regarding transgender healthcare in the State and County. The following summarize key themes:

- Maryland has increased protections for transgender people and is one of the “better” states to access resources; however, there are still not enough services to meet the need.
- There is little investment in the transgender community in Montgomery County. Stakeholders report there are no resources (funding, space, etc.) provided for the community and there is little to no support for community organizations that work with the transgender population. Many stakeholders also believe the transgender community is often left behind the larger LGBTQIA+ community.
- Montgomery County transgender residents are unaware of resources, services, and providers available in the County and are further unaware of where to look for them. Many stakeholders stated that unless a transgender individual has a network/friend who knows of safe and knowledgeable providers, it is often difficult to locate one.
- There is a lack of comprehensive social services for transgender individuals in the County, particularly for youth. The two urgent needs identified by stakeholders include mental health services and housing/shelter services.

Recommendations

OLO has the following recommendations for Council action. It is imperative that any discussion of and work toward these recommendations should be inclusive, comprehensive, and actively involve all parts of the LGBTQIA+ community and include intentional focus on the intersections of race, class, and gender identity within these communities.

Recommendation # 1. Discuss options to require training for healthcare providers on LGBTQIA+ cultural competency to remain licensed, registered, or certified in the State of Maryland. The Council should also ask the County Executive to create a publicly available list of healthcare providers in the County who affirmatively provide healthcare services for transgender individuals.

Recommendation # 2. Discuss the need and feasibility of a dedicated, safe, and affirming space for the LGBTQIA+ community in the County. A center could provide a single point of access for local government resources, service providers, residents, and other community organizations and potentially include the following services: healthcare, recreation spaces, legal services, youth services, employment and housing support.

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INTRODUCTION

Transgender is a broad term that is used to describe an individual whose gender identity, gender expression or behavior does not conform to the sex to which they were assigned at birth. In the initialism LGBTQIA+, which is a commonly used (today) umbrella term to refer to individuals' sexual and gender identities, the T refers to the transgender community. The transgender community represents a spectrum of gender identities and expressions and is not indicative of sexual orientation, hormonal makeup, physical anatomy or how an individual is perceived in public.

As of June 2022, the Williams Institute of the UCLA School of Law¹ estimates there are 24,000 adults (0.51% of the population) and 8,000 youth (2.08% of the population) that identify as transgender in the State of Maryland. Young adults (ages 18-24) account for approximately 10,100 of these individuals who identify as transgender. There are no data estimated how many transgender individuals are in Montgomery County.

Historically and currently, the transgender community faces discrimination, stigma, and hostility that can significantly affect their physical, mental, and behavioral health. Overall, research demonstrates that, compared with the general population, transgender people suffer higher rates of poor health outcomes, especially related to HIV/AIDS, substance use, mental illness, and sexual and physical violence.² In addition to poorer health outcomes, research shows that transgender people encounter unique challenges and inequalities in their ability to access health insurance and adequate health care. Structural barriers in access to care combined with limited cultural competency among healthcare providers contribute to large disparities in health outcomes between transgender and cisgender populations.³

¹ <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

² <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

³ Ibid.

This Office of Legislative Oversight (OLO) report responds to the County Council's request to understand the availability and accessibility of healthcare for transgender individuals in Montgomery County. In this report:

- Chapter 1 provides an overview of transgender healthcare, including gender-affirming/transitioning care and primary care, along with data and information on health outcomes and medical standards for transgender individuals;
- Chapter 2 provides a brief summary of health equity and barriers to healthcare for the transgender community;
- Chapter 3 summarizes transgender healthcare in Montgomery County including the legal environment, data on transgender individuals, and available resources;
- Chapter 4 outlines available programs and resources in the region, particularly those available in Baltimore and Washington, D.C.;
- Chapter 5 summarizes feedback OLO heard from stakeholders within the transgender and the larger LGBTQIA+ communities; and
- Chapter 6 provides OLO's findings and recommendations for Council action.

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Glossary of Terms Related to Gender and the Transgender Community⁴

Cisgender. People whose gender identity and gender expression align with their assigned sex at birth.

Gender Identity. A person's innate, deeply felt psychological identification as a man, woman, or something else, which may or may not correspond to the person's external body or assigned sex at birth (i.e., the sex listed on the birth certificate). ***"Sexual identity" should not be used as a synonym for, or as inclusive of "gender identity."***

Gender Expression. The external manifestation of a person's gender identity, which may or may not conform to the socially defined behaviors and external characteristics that are commonly referred to as either masculine or feminine.

Gender Affirmation/Affirmed Female/Affirmed Male. The process of making changes to recognize, accept, and express one's gender identity. This might include any combination of social, legal, and/or medical changes.

Gender Dysphoria/Gender Identity Disorder (GID). Distress experienced by some people whose gender identity and sex assigned at birth don't match. When this distress becomes significant, both the American Psychiatric Association (APA) and the American Medical Association (AMA) recognize it as a psychological diagnosis.

LGBTQIA+. An initialism for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The + refers to identities not encompassed in the initialism.

Transgender. An umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth.

Nonbinary. Used to describe people who feel their gender cannot be defined within the margins of gender binary. Instead, they understand their gender in a way that goes beyond simply identifying as either a man or woman. Non-binary people may identify as both male and female or neither male nor female. They may feel their gender is fluid and can change and fluctuate or perhaps they permanently don't identify with one particular gender.

Sexual Orientation. A person's enduring physical, romantic, emotional, and/or spiritual attraction to another person. May be lesbian, gay, heterosexual, bisexual, pansexual, polysexual, or asexual. Sexual orientation is distinct from sex, gender identity, and gender expression.

Transgender Man. A man who was identified as female at birth.

Transgender Woman. A woman who was identified as male at birth.

Transition. The process that people go through as they change their gender expression and/or physical appearance (e.g., through hormones and/or surgery) to align with their gender identity.

⁴ From https://fenwayhealth.org/documents/medical/transgender-resources/Handout_7-C_Glossary_of_Gender_and_Transgender_Terms_fi.pdf

Chapter 1. Overview of Transgender Healthcare

This chapter provides an overview of transgender healthcare, including gender-affirming/transitioning care, primary healthcare, and national data on transgender healthcare and transgender healthcare standards. Transgender healthcare includes healthcare related to the prevention, diagnosis and treatment of physical and mental health conditions as well as sex reassignment therapies. A major component of transgender healthcare is gender-affirming/transitioning care, which refers to care to help people change their physical appearance and/or sex characteristics to match their gender identity.

A. Gender-Affirming Care and Transitioning Care

Gender-affirming care, sometimes referred to as transition-related care, is a range of services “designed to support and affirm an individual’s gender identity” when it conflicts with the gender they were assigned at birth and can include social, psychological, behavioral, and medical interventions.⁵ These interventions allow transgender individuals to align their emotional, interpersonal and biological aspects of life with their gender identity along a continuum that includes male, female, a combination of those, neither of those, and fluid.

Transgender people may seek any one of several gender-affirming interventions, including hormone therapy, surgery, other interventions for the modification of physical characteristics, and behavioral adaptations such as genital tucking or packing, and/or chest binding. These interventions fall along a continuum and are unique for each individual.

For children in particular, the timing of the interventions is based on several factors, including cognitive and physical development as well as parental consent. However, there are clear, well-established, evidence-based standards of care guiding who can access what form of gender-affirming care and when they are eligible to receive it.

Hormone Replacement Therapy (HRT). Gender-affirming hormones are used to alter someone’s physical appearance to align their physical body more closely with their gender identity and it is the most common medical path sought by transgender people. These medications allow transgender and non-binary people to live more fully as their identified gender.

Typically, hormones can be started before the age of 18 with physician approval, parental consent, and informed consent from the adolescent, and are typically reserved for adolescents who have been on puberty blockers and/or socially transitioned for some time.

Gender-affirming hormones affect each person differently and it is difficult to identify how hormones will change or impact a specific person. Examples of hormone therapy include:⁶

- Transgender women, non-binary, and transfeminine gender expansive individuals may take testosterone blockers and/or estrogen with the goal of increasing “feminine” secondary sex

⁵ <https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered#:~:text=Gender%2Daffirming%20care%2C%20as%20defined,they%20were%20assigned%20at%20birth.>

⁶ <https://www.templehealth.org/services/treatments/gender-affirming-hormones>

characteristics such as breast growth, body fat redistribution, the reduction of muscle mass, decrease in erectile function, and thinning or slowing of facial and body hair growth.

- Transgender men, non-binary, and transmasculine gender expansive individuals may take testosterone with the goal of increasing “masculine” secondary sex characteristics such as the development of a deeper voice, increased body and facial hair, increased muscle mass, changes to monthly bleeding/menstrual cycle, and increased sex drive.

Prior to the start of HRT, some transgender individuals may use puberty blockers, which delay the onset of puberty. Puberty blockers are considered a distinct but complementary component of gender-affirming hormonal therapy. Puberty blockers are fully reversible and may be prescribed by doctors early in puberty, in consultation with a child, and their parents and therapists, in order to temporarily stop the body from going through the unwanted physical and developmental changes of puberty.

Surgery. Gender-affirming surgery includes a wide range of procedures – there is no single gender-affirming surgery. Indeed, a transgender person does not have to have any surgery, or any specific surgery. Surgery examples include plastic surgery to change facial features to be more typically masculine or feminine, “top surgery” to make changes to the chest or torso, and “bottom surgery” to make changes to genitals. Surgeries specific to transgender populations include:⁷

- Feminizing vaginoplasty;
- Masculinizing phalloplasty/scrotoplasty;
- Metoidioplasty (clitoral release/enlargement, may include urethral lengthening);
- Masculinizing chest surgery ("top" surgery);
- Facial feminization procedures;
- Reduction thyrochondroplasty (tracheal cartilage shave); and
- Voice surgery.

Surgeries not specific to transgender populations that may contribute to a person’s transition include:

- Augmentation mammoplasty;
- Hysterectomy/oophorectomy;
- Orchiectomy; and
- Vaginectomy.

Other Interventions. Many transgender people also use additional resources to assist with changing outward appearances and gender presentation, including:

- Speech therapy to help match vocal characteristics with gender identity;
- Hair removal through electrolysis, laser treatment, or waxing;
- Breast binding or padding, genital tucking, and padding of the hips or buttocks; and
- Counseling about coming out as transgender to family, peers, and others.

B. Primary Care

⁷ <https://transcare.ucsf.edu/guidelines/overview>

Primary care refers to healthcare services that cover a range of prevention, wellness, and treatment for common illnesses. In addition to gender-affirming/transitioning medical care, transgender people have primary and preventive healthcare needs that are the same as the general population. However, depending on an individual's history of gender-affirming care, primary and preventive care may require special considerations. **Many transgender advocates classify all primary and preventative medical care for transgender people as and should be considered gender-affirming care.**

However, research shows that primary care physicians often lack the knowledge and training to properly interact with and care for transgender patients who have individualized needs based on their transgender experience, hormonal status and anatomy. Guidelines from American Academy of Family Physicians⁸ direct that examinations should be based on a patient's current anatomy and specific needs for a visit, and should be explained, chaperoned, and stopped according to a patient's comfort level. Below are some common examples of guidelines for primary care providers who may experience confusion when treating a transgender individual⁹:

- Male to female transgender individuals who have a known increased risk for breast cancer should follow screening guidelines recommended for nontransgender women if they are aged >50 years and have had more than five years of hormone use. For female to male individuals who have not had chest surgery, screening guidelines should follow those for nontransgender women.
- Prostate cancer screening is recommended for transgender women.
- When a transgender man has a pap smear, it is essential that healthcare providers make it clear to the laboratory that the sample is a cervical pap smear and not an anal pap, especially if the patient is identified as male.
- Clinicians should assess the risks for sexually transmitted infection (STIs) or HIV for transgender patients based on current anatomy and sexual behaviors.

The American Academy of Family Physicians provides the summary chart on the next two pages showing the relationship between gender-affirming care and primary care for patients.

⁸

<https://www.aafp.org/pubs/afp/issues/2018/1201/p645.html#:~:text=Examinations%20should%20be%20based%20on,by%20the%20patient's%20comfort%20level.&text=Differences%20of%20sex%20development%20are,gender%20dysphoria%20or%20gender%20incongruence>

⁹ Ibid.

	Prepuberty	Early puberty (sexual maturity stage 2 or 3)	Late puberty (sexual maturity stage 4 or 5)	Adulthood
General transgender care	<p>Establish rapport and provide nonjudgmental and confidential care</p> <p>Use patient's chosen name and pronouns as indicated</p> <p>Determine patient's and caregiver's goals for care</p> <p>Establish multidisciplinary team based on patient's needs and local resources; clinicians with expertise are preferred*</p> <p>Detailed history: if clinically appropriate, explore the context of the patient's gender experiences, including psychosocial history for evidence of resilience (e.g., connectedness, positive social network) and risk (e.g., victimization, suicidality, isolation)</p> <p>Assess for housing access, food availability, and financial or safety concerns</p>			
	<p>Manage any mental health diagnoses or psychotropic medication use</p> <p>Consider referral for management of complex mental health diagnoses based on patient's needs; refer for comprehensive management of substance use disorder if present</p> <p>Facilitate relationships with family members or guardians, if allowed by the patient</p> <p>Gender exploration: an affirmative approach may be preferred to a supportive (or "wait-and-see") approach to prepubertal gender-diverse youth; care should be individualized with subspecialist support as available</p> <p>Diagnosis of gender dysphoria or incongruence: consider referral to mental health professional with expertise in transgender care and proper use of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, 5th ed.</p> <p>Counseling and psychotherapy: consider referral to mental health professional with expertise in transgender care (and who is comfortable with lifespan development of transgender youth, if pertinent); encourage healthy exploration of gender identity and expression</p>			
Puberty suppression				
	<p>Timely referral to pediatric endocrinologist or other clinician experienced in prescribing and monitoring gonadotropin-releasing hormone analogue therapy</p> <p>Prescribe gonadotropin-releasing hormone analogues</p> <p>Surveillance: clinical, laboratory, and psychosocial monitoring; DEXA</p>			

Specific gender affirmation care	Evaluate degree to which gender dysphoria or incongruence is persistent, consistent, and insistent Social affirmation; monitor for safety of affirmation environment and continued desire for affirmation
	Initiate or continue puberty induction; provide hormone therapy surveillance (generally after puberty suppression)
	Bridge hormone prescriptions if in the process of referring
	Initiate or continue gender-affirming hormone therapy Hormone therapy surveillance: monitor for adverse effects clinically, with laboratory studies, and with DEXA; monitor for desired effects Gender-affirming surgery or other therapies: consider referral to surgeon experienced in transgender surgical techniques; consider referral for hair removal or vocal therapy
Reproductive health	Provide family planning counseling and contraceptives as indicated Screen for and treat sexually transmitted infections, counsel about safe sex practices, and prescribe pre- or postexposure prophylaxis as indicated for prevention of human immunodeficiency virus infection Offer menstrual suppression (post-menarche only)
	Consider referral to a reproductive endocrinologist for fertility preservation or artificial reproductive technology
Preventive care	Cardiovascular disease screening: monitor blood pressure and weight, treat obesity, provide age- and risk factor–based screening for diabetes mellitus and hyperlipidemia, and counsel about tobacco cessation Cancer screening based on patient's current anatomy Guideline-based bone mineral density screening Age-appropriate and behavior-specific immunizations

Source: <https://www.aafp.org/pubs/afp/issues/2018/1201/p645.html#afp20181201p645-f1>

C. National Studies Regarding Transgender Health

Three major studies began in 2015 to better understand the lives and healthcare needs of transgender and gender nonconforming people living in the United States.¹⁰ This section summarizes data from the two completed studies:

- TransPop¹¹ was the first national transgender population healthcare survey and was conducted by researchers at the Williams Institute at UCLA School of Law, Columbia University, Harvard University, and the Fenway Institute at Fenway Health. The goal of the study was to provide estimates about demographics, health outcomes and well-being, and healthcare needs of the transgender population.
- The 2015 U.S. Transgender Survey (USTS)¹² – conducted through collaboration of the National Center for Transgender Equality with the Black Trans Advocacy Coalition, TransLatin@ Coalition, and National Queer Asian Pacific Islander Alliance – is the largest survey ever devoted to the

¹⁰ The study by Project Affirm has not been completed as of the release of this report. Project Affirm is a collaboration among researchers from Columbia University, the New York State Psychiatric Institute, the National Institutes of Health, San Francisco State University, and Tulane University. <https://www.projectaffirm.org/>

¹¹ <http://www.transpop.org/>

¹² <https://www.ustranssurvey.org/>

lives and experiences of transgender people. Results from a 2022 follow-up survey have yet to be published.

This section also includes data from the U.S. Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), which regularly collects healthcare data, including data on the healthcare of transgender people. These telephone surveys collect data on health-related risk behaviors, chronic conditions, and use of preventive services from the noninstitutionalized adult population residing in the United States.

The following sections summarize key data points about transgender health and healthcare from the above studies.

Physical Health. Overall, transgender people are more likely to report fair/poor health compared to cisgender people. Data show that transgender persons have more chronic health conditions than cisgender persons, with nonbinary persons experiencing even more chronic health conditions when compared to transgender men and women.¹³

- 54% of transgender people report poor physical health at least one day in the past month compared to 36% of cisgender people.¹⁴
- Transgender people are more likely to develop cardiovascular disease or asthma than cisgender individuals.¹⁵
- Sexually transmitted infections, emphysema, ulcer, liver disease and sleep disorders were significantly more likely to be reported by transgender individuals compared to cisgender individuals.¹⁶
- Transgender individuals reported living with HIV (1.4%) at nearly five times the rate of the overall U.S. population (0.3%). HIV rates were higher among transgender women (3.4%), especially transgender women of color. Nearly one in five (19%) Black transgender women were living with HIV. American Indian (4.6%) and Latina (4.4%) women also reported higher rates of living with HIV.¹⁷

Mental Health. Overall, transgender individuals had higher rates of serious psychological distress, suicidal ideation, lifetime suicide attempts, and non-suicidal self-injury compared with cisgender people. Some specifics include:

- Three in five transgender respondents report experiencing poor mental health at least one day in the past month, 23% higher than that of cisgender respondents.¹⁸

¹³ <https://onlinelibrary.wiley.com/doi/10.1111/andr.13052>

¹⁴ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

¹⁵ Ibid.

¹⁶ <https://onlinelibrary.wiley.com/doi/10.1111/andr.13052>

¹⁷ <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

¹⁸ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

- 39% of transgender respondents experienced serious psychological distress in the month before completing the survey, compared with only 5% of the overall U.S. population.¹⁹
- 40% of transgender individuals have attempted suicide in their lifetimes, nearly nine times the rate in the overall U.S. population (4.6%).²⁰
- 7% of transgender individuals attempted suicide in the past year, nearly 12 times the rate in the overall U.S. population (0.6%).²¹
- Most transgender people (81.5%) used formal mental health care and one-quarter (25.5%) sought informal mental health support (e.g., religious/spiritual leaders, complementary/alternative medicine providers).²²
- The rates of hazardous drinking and problematic drug use were similar for transgender and cisgender adults. Nearly one-third of transgender individuals reported hazardous drinking (28.2%) and problematic drug use (31.2%). However, transgender nonbinary individuals had higher reported use than other sub-groups of transgender adults.²³
- In one CDC study, a higher share of transgender students reported suicide risk outcomes across a range of metrics compared to cisgender students, including (in the past 12 months) having felt sad or hopeless, considered attempting suicide, made a suicide plan, attempted suicide, or had a suicide attempt treated by a doctor or nurse. Inability to access gender-affirming care has been linked to worse mental health outcomes for transgender youth.

Health Insurance. In general, transgender people have similar rates of health insurance coverage compared with cisgender people; however, transgender people report significant rates of coverage denial for services related to being transgender.

- One study showed that transgender (90.5%) and cisgender (89.5%) people reported similar rates of health insurance²⁴ while another showed slightly lower rates of coverage for transgender people (81% vs. 88%).²⁵
- Even with insurance, transgender people were more likely than cisgender people to have avoided care due to cost.
- One in four (25%) transgender people experienced a problem in the past year with their insurance, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.²⁶

¹⁹ <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

²⁰ Ibid.

²¹ Ibid.

²² <https://pdf.sciencedirectassets.com/271134/1-s2.0-S0165178123X00079/1-s2.0-S0165178123002895/main.pdf>

²³ <https://pdf.sciencedirectassets.com/271134/1-s2.0-S0165178123X00079/1-s2.0-S0165178123002895/main.pdf>

²⁴ <https://onlinelibrary.wiley.com/doi/10.1111/andr.13052>

²⁵ <https://www.kff.org/health-reform/issue-brief/demographics-insurance-coverage-and-access-to-care-among-transgender-adults/>

²⁶ <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

- More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.²⁷

Healthcare Providers. Overall, transgender and cisgender people demonstrated no difference in having a personal healthcare provider and having an identified place for healthcare.²⁸ However:

- Only 55.9% of transgender people had a transgender-related healthcare (TRHC) provider, with nonbinary participants significantly less likely to have one than either transgender men or transgender women.²⁹
- Of transgender people surveyed, 63.9% had not been to a LGBT or transgender-specific clinic or provider in the last five years and nonbinary persons were less likely to have done so than transgender men or transgender women.³⁰
- One-third (33%) of those who saw a healthcare provider in the past year reported having at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.³¹
- In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.³²

D. Overview of Transgender HealthCare Standards

Several organizations have developed healthcare standards for transgender people. The two primary ones, the World Professional Association for Transgender Health (WPATH) and the Endocrine Society, are discussed in more detail below. Numerous other major medical groups have also established guidelines for providers working with transgender youth and adults, including the American Academy of Pediatrics, American Medical Association, American Psychological Association, and the American College of Obstetricians and Gynecologists.

World Professional Association for Transgender Health (WPATH).³³ WPATH is a non-profit group that is the leading organization dedicated to transgender health. WPATH's primary function is to promote the highest standards of healthcare for transgender and gender diverse people through the Standards of Care (SOC) for the Health of Transgender and Gender Diverse People. Numerous versions have been published since 1979, with Version 8 (SOC-8) being released in 2020. SOC-8 provides evidence-based

²⁷ Ibid.

²⁸ <https://onlinelibrary.wiley.com/doi/10.1111/andr.13052>

²⁹ Ibid.

³⁰ Ibid.

³¹ <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

³² <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

³³ <https://www.wpath.org/>

standards for safe and effective gender-affirming healthcare and represents the most expert, in-depth, evidence-based, and consensus-based guidelines internationally.

SOC-8 focuses on determining the criteria for hormone treatment and surgery and addresses the overall health and well-being of transgender people. SOC-8 provides standards and recommendations across the following categories:³⁴

- Assessment of Adults;
- Adolescents;
- Children;
- Nonbinary;
- Eunuchs;
- Intersex;
- Institutional Environments;
- Hormone Therapy;
- Surgery and Postoperative Care;
- Voice and Communication;
- Primary Care;
- Reproductive Health;
- Sexual Health; and
- Mental Health.

Endocrine Society. Because endocrine (hormone) therapy is essential for many transgender people to change the body's physical characteristics, the Endocrine Society³⁵ has created Clinical Practical Guidelines for the Endocrine Treatment of Gender-Dysmorphic/Gender-Incongruent Persons.³⁶ The 2017 guidelines:

- Establish a framework for the appropriate treatment of these individuals;
- Standardize terminology to be used by healthcare professionals;
- Reaffirm the role of the endocrinologist; and
- Emphasize that a broader healthcare team is needed to provide mental health services and other treatments.

³⁴ <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

³⁵ The Endocrine Society is a professional, international medical organization in the field of endocrinology and metabolism.
<https://www.endocrine.org/>

³⁶ <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

Chapter 2. Health Equity and Healthcare Barriers for Transgender People

The World Health Organization's (WHO) Commission on Social Determinants of Health states that health is shaped ultimately by "the distribution of money, power and resources at global, national and local levels."³⁷ Communities with less political and economic power, including communities of color, low-income communities, people with lower education, and other underserved groups, continue to be disproportionately impacted by inequitable laws, policies, and practices and as a result, experience dramatically poorer health outcomes. Disparities in health status, healthcare access, and health outcomes often arise from conditions that are not explicitly associated with the medical system or the nature of transgender identity but are driven by these broader social determinants of health: socioeconomic status, education, and physical environments.³⁸

In general (not just healthcare), the transgender community experiences systemic and institutional discrimination and barriers to economic security. Institutional structures such as racism, sexism, and transphobia influence where transgender people live, work, and how they are treated in their environments. To address any health disparities for the transgender community, a community must address the exclusion, discrimination, and violence they endure.

Discrimination often is exacerbated among transgender people who are also people of color, people with disabilities, sex workers, or immigrants. For example, both transgender people and people of color, individually, experience elevated discrimination when attempting to access healthcare. A transgender person of color, may face even heightened barriers to healthcare.³⁹

Minority Stress Model. One of the leading theories explaining the gender-identity-related health disparities is the minority stress model, which states that sexual minorities face unique and hostile stressors related to their sexual minority identity which in turn have negative effects on their physical and mental health.⁴⁰ This framework outlines that the stigma, prejudice, and discrimination from society creates a hostile and stressful social environment for marginalized populations. The resulting lack of access to education, employment, and healthcare leads to a higher burden of discrimination, violence, stress, and disability among transgender people compared with cisgender people.

The remainder of this chapter summarizes specific barriers the transgender community faces when accessing and receiving healthcare.

³⁷

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739377/#:~:text=According%20to%20the%20World%20Health,%2C%20national%2C%20and%20local%20levels>.

³⁸ Ibid.

³⁹ https://www.changelabsolutions.org/sites/default/files/2019-04/Blueprint-For-Changemakers_FINAL_201904.pdf

⁴⁰ <https://www.sciencedirect.com/topics/psychology/minority-stress-model>

Barriers to Healthcare for Transgender People. Data show that discrimination against transpeople is pervasive in society, including housing, healthcare, employment, and education.⁴¹ This systematic discrimination is a product of transphobia as well as cisnormativity. The biggest barrier to healthcare reported by transgender individuals is lack of access due to lack of providers who are sufficiently knowledgeable on the topic. Other barriers include discrimination/anticipation barriers, health systems barriers, insurance barriers and socioeconomic barriers. While many of these healthcare barriers are faced by other minority groups, many are unique along with being significantly magnified for transgender persons.

Overall, studies have found that transgender females have consistently experienced the most barriers to care. They were the least likely to be insured, least likely to currently have a medical provider, least likely to be out to a provider, and most likely to report experiencing gender-based problems with healthcare.⁴²

Lack of Cultural Competence/Lack of Providers with Knowledge. Both researchers and representatives from the transgender community report that the biggest barrier both to safe gender-affirming and to appropriate general medical care for transgender patients is the lack of access to providers with training related to transgender healthcare. There is inadequate training of physicians on transgender-sensitive care and limited access to providers who offer competent and respectful transgender-related care. Many transgender people report having to travel great distances to access knowledgeable providers (which makes it inaccessible for many). Because of the scarcity of available, knowledgeable, and affirming clinicians, transgender people often must rely on social networks to find supportive and competent clinicians or hope for the best when going to a provider they do not know.

Transgender patients must often arrive at appointments knowledgeable and informed about their transgender healthcare and teach their provider about their own healthcare. One study found that:⁴³

- One in three transgender people reported having to teach their doctor about transgender people in order to receive appropriate care in the previous year;
- 15% reported being asked “invasive or unnecessary questions about being transgender” not related to their reason for seeking care;
- Only 20% of transgender respondents reported being very satisfied with the healthcare they receive, compared with 45% of cisgender heterosexual respondents; and
- 20% also reported having no place to go when sick or when they need advice about health, compared with 10% of cisgender heterosexual respondents.

Difficulties may be exacerbated for transgender people who are also part of other marginalized groups, including individuals who are disabled, people of color, lower-income, middle-aged, and geographically isolated.⁴⁴

⁴¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205968/> and <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/> and <https://transequality.org/issues/resources/national-transgender-discrimination-survey-full-report>

⁴² <https://www.bu.edu/sph/news/articles/2023/gender-identity-race-intersections-really-matter-for-access-to-healthcare/>

⁴³ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

⁴⁴ <https://doi.org/10.1007/s11606-020-05724-2>

One key component of the lack of provider competency is the absence of trans-specific training in medical, nursing, and paramedical school curricula and therefore too few providers have the requisite knowledge and comfort level to provide services.⁴⁵ One study reported that three-quarters of clinicians report never treating a transgender person and, while 86% of physicians said they were willing to provide care for transgender patients, only two-thirds said they believed they had received enough education to do so.⁴⁶

A further issue regarding provider education is that research in the medical field frequently operates under the assumption that all participants are cisgender. Studies often do not delineate transgender/nonbinary participants and do not explore issues related to these patients. According to the National Institutes of Health, transgender health research is often limited to the issues of HIV/AIDS or mental health and is typically included (but not distinguished) in larger studies with general LGBTQ+ focus. These gaps in medical research leave transgender patients feeling unseen and underserved.⁴⁷

Discrimination/Anticipation Barriers. Anticipation barriers refer to the avoidance of healthcare due to the anticipation of receiving discrimination or mistreatment.⁴⁸ According to a National Institute of Health study, gender affirmation and positive relationships with healthcare professionals and systems are key components for the comfort of transgender people utilizing healthcare. Non-affirming public spaces, including medical facilities, can create life-threatening conditions for visibly gender nonconforming transgender persons, especially transwomen of color as they have the highest likelihood of violence committed against them.⁴⁹

Data from a Center for American Progress study show that nearly half of transgender individuals, including 68% of transgender people of color, reported experiencing mistreatment at the hands of a provider in the previous year, including care refusal or verbal/physical abuse.⁵⁰ Further, the study says:

- 28% of transgender individuals reported postponing or not receiving necessary medical care in the year prior for fear of experiencing discrimination, including 22% of transgender people of color.⁵¹
- 62% of transgender respondents from the TransPop survey reported worrying about being judged because of their sexual orientation or gender identity when seeking healthcare, with 63% expressing worry their evaluations will be negatively affected.⁵²

⁴⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802845>

⁴⁶ <https://www.consumerreports.org/health/healthcare/transgender-people-face-huge-barriers-to-healthcare-a9738689971/>

⁴⁷ <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Better-Health-41-Trans-NB-final.pdf>

⁴⁸ <https://link.springer.com/article/10.1007/s11606-021-07001-2>

⁴⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10128430/>

⁵⁰ <https://www.nbcnews.com/nbc-out/out-health-and-wellness/nearly-half-trans-people-mistreated-medical-providers-report-finds-rcna1695>

⁵¹ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

⁵² Ibid.

- Transgender women reported avoiding HIV-related appointments because of fear their HIV serostatus would be publicly revealed if they encountered a peer or were seen entering an HIV-related care facility.⁵³

Several studies also reported data showing that transgender individuals frequently experience subtle forms of discrimination, such as being called by the wrong pronoun, name, or gender during provider encounters, which may lead to discrimination or harassment by other staff/patients.⁵⁴

Location Barriers/Transportation. As previously discussed, data show a lack of available and knowledgeable transgender healthcare providers overall. Patients may be forced to find providers long distances from home or work that are not easily or affordably accessed. Data from one study showed that 56% of transgender individuals reported needing to travel at least 10 miles in order to receive transition-related care.⁵⁵

Insurance Barriers. A Center for American Progress study⁵⁶ shows that the United States' reliance on employer-provided health insurance coverage is a major barrier for many transgender individual's access to medical care. Data show, for example, that transgender people are unemployed at higher rates than cisgender people, resulting in lower rates of employer-provided insurance coverage. The study further shows that transgender individuals report receiving employer-based insurance at a rate 7% lower than cisgender LGBTQIA+ individuals⁵⁷ and also wait times are often long and burdensome for transgender individuals seeking medical care from government sources.

It is also important to note that health insurance coverage does not guarantee a transgender individual will receive gender-affirming medical care. While the Patient Protection and Affordable Care Act of 2010 stated that healthcare providers cannot deny transgender people coverage for transition-related care, insurance-based coverage denials continue to be a common barrier. Insurance providers frequently deem gender-affirming interventions to be cosmetic or medically unnecessary or consider being transgender a preexisting condition and deny coverage of services. Data in one study showed that 46% of transgender individuals had a health insurer deny coverage of gender-affirming care in the previous year.⁵⁸

Health System Barriers/Paperwork. The immediate physical healthcare environment can also create barriers to care for transgender individuals if an environment is unwelcoming, leaving people feeling unseen and/or unsafe and more likely to avoid or discontinue care within these environments. Problems with physical environments can include:

- Biases in structure (e.g., lack of gender-neutral bathrooms, lack of LGBTQ-affirming posters/stickers).

⁵³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502664/>

⁵⁴ <https://www.ohtn.on.ca/rapid-response-barriers-to-accessing-health-care-among-transgender-individuals/>

⁵⁵ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ <https://doi.org/10.1007/s11606-020-05724-2>

- Interpersonal environments (e.g., lack of proper language and name use by office staff, including doctors).⁵⁹
- Electronic health records (EHRs) and patient intake forms that include only gender-binary options. In addition, many EHRs and billing and coding systems may not include options to record transition history or sexual anatomy, which can hinder the collection of accurate medical information and impact quality of care.⁶⁰
- A lack of accurate identity documents can result in difficulties in receiving medical care. One study found that one in two transgender respondents have no identification with their authentic name, and just one in three have identification with their authentic pronouns.⁶¹ Additionally, many trans persons prefer to self-identify with one (dominant) gender category, increasing the likelihood of not being categorized as transgender in their health records.⁶²
- A lack of privacy in waiting rooms, emergency departments, and other healthcare environments can pose a challenge for those who do not feel comfortable discussing transgender health issues in front of other patients, for fear of harassment.⁶³

Socioeconomic Barriers. Higher rates of socioeconomic barriers can also impact transgender individuals' access to healthcare, including higher rates of living below the poverty line, higher rates of homelessness, higher likelihood of experiencing sexual and physical assaults, increased bullying, harassment and unequal treatment in public accommodations, and higher unemployment rates which can be associated with negative physical and mental health outcomes.⁶⁴ Examples include:

- High rates of homelessness have detrimental effects on mental and physical health and are associated with higher rates of drug use, depression, anxiety, and suicide. 70% of transgender individuals who have stayed in shelters have reported experiencing harassment, physical assault, or removal.⁶⁵
- One in four transgender individuals experiencing homelessness report avoiding homeless shelters for fear of harassment and six percent report having been denied access to shelter.⁶⁶
- Nearly one-third of transgender individuals report living in poverty (compared with just 12% of the total population).⁶⁷

⁵⁹ <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Better-Health-41-Trans-NB-final.pdf>

⁶⁰ <https://www.ohtn.on.ca/rapid-response-barriers-to-accessing-health-care-among-transgender-individuals/>

⁶¹ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

⁶² <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Better-Health-41-Trans-NB-final.pdf>

⁶³ <https://www.ohtn.on.ca/rapid-response-barriers-to-accessing-health-care-among-transgender-individuals/>

⁶⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502664/>

⁶⁵ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

⁶⁶ Ibid.

⁶⁷ Ibid.

- Transgender people experience hunger at twice the rate of cisgender men (19% compared to 9%). And nearly one in three transgender adults with children at home report not having enough food to eat — three times the rate of cisgender men living with children.⁶⁸
- 23% of transgender individuals (including 49% of Black transgender individuals) have reported experiencing some form of housing discrimination, including eviction or denial of a home or apartment.⁶⁹
- 46% of transgender individuals report being verbally harassed in the past year; 9% report being physically attacked; and almost half of respondents reported being sexually assaulted at some point in their lifetime.⁷⁰
- Nearly 30% of transgender people in the United States are not in the workforce and are twice as likely as the cisgender population to be unemployed. Cisgender employees make 32% more money annually compared to transgender employees, even with similar or higher education levels.⁷¹
- More than one in four transgender people report having lost a job due to bias and more than three-fourths report experiencing some form of workplace discrimination.⁷²

The negative impacts of socioeconomic barriers on finances can reduce the ability to afford proper medical care, let alone gender-affirming/transition care. Data from one study found that over half of transgender individuals reported postponing or not receiving necessary medical care in the previous year because they could not afford it, including 60% of transgender respondents of color. Further, about 40% of respondents overall and 31% transgender people of color reported avoiding preventive screenings in the previous year due to cost.⁷³

Racial Inequities in Transgender Healthcare. Discrimination in healthcare settings against transgender people and racial/ethnic minorities, as separate social groups, is well-documented. However, there has been limited research on the intersection of gender identity and race/ethnicity regarding healthcare experiences for transgender people. Given that transgender people and people of color both experience elevated rates of discrimination when accessing healthcare, there is a clear need for more research into this intersectionality.

Overall, data from limited research shows that transgender Black and minority ethnic people experience higher rates of discrimination when trying to access healthcare, including mental health centers, drug treatment programs, domestic violence centers and rape crisis centers, compared to their White transgender counterparts. Some specific findings include:

⁶⁸ <https://publicintegrity.org/inside-publici/newsletters/watchdog-newsletter/transgender-adults-struggling/>

⁶⁹ Ibid.

⁷⁰ <https://vawnet.org/material/2015-us-transgender-survey-report>

⁷¹ <https://www.mckinsey.com/featured-insights/sustainable-inclusive-growth/chart-of-the-day/transgender-people-twice-as-likely-to-be-unemployed>

⁷² <https://transequality.org/issues/employment>

⁷³ <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

- Transgender people who were Black, Indigenous, People of Color (BIPOC) faced higher levels of discrimination when trying to access doctors/hospitals, emergency rooms and ambulances.⁷⁴
- One study found that Black and Latinx transgender girls/young women experience greater barriers to equitable care than transgender males and nonbinary youth of other races/ethnicities.⁷⁵

A 2015 survey by the National Center for Transgender Equity reported extensively on the experiences of transgender people of color. The data in the following table summarize the findings.⁷⁶

	All Transgender People	Transgender People of Color
Postponed or avoided getting preventive screenings in the past year for fear of discrimination	40%	54%
Postponed or avoided necessary medical care because they could not afford it	51%	60%
Experienced some form of mistreatment (including the refusal of care, misgendering, and verbal/physical abuse) by a provider in the past year	50%	68%
Denied gender-affirming care by a health insurer in the past year	46%	56%
Had no insurance or only partial coverage of gender-affirming care	48%	54%
Health insurer refused to change their name or gender on health records	34%	39%

⁷⁴ <https://raceequalityfoundation.org.uk/wp-content/uploads/2022/10/Better-Health-41-Trans-NB-final.pdf>

⁷⁵ <https://www.bu.edu/sph/news/articles/2023/gender-identity-race-intersections-really-matter-for-access-to-healthcare/>

⁷⁶ <https://transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>

Chapter 3. Transgender Healthcare in Montgomery County

This chapter summarizes the healthcare landscape for transgender individuals in Montgomery County, including an overview of the legal environment, available data based on a LGBTQ Advisory Board Survey, an overview of available healthcare from the County Government, and a listing of other healthcare services for transgender persons available in the County.

A. Legal Environment around Transgender Healthcare

As stated earlier, medical organizations have designated gender-affirming care as medically necessary healthcare. The federal government has identified gender-affirming care as an “essential health benefit” protected under Section 1557 of the Affordable Care Act. While many state legislatures nationwide are adopting anti-transgender laws (not just healthcare related), several states, including Maryland, have increased protections for transgender people, such as passing refuge bills for those seeking medical care in their states, expanding healthcare access, and adopting nondiscrimination laws.

This section briefly summarizes key state and County laws related to the protection of transgender healthcare. Note stakeholders report that even though transgender-affirming care is legally protected federally and in Maryland and most public and private insurance plans have removed exclusions that target transgender people, many plans continue to deny coverage for this care.

Maryland Law. In recent years, Maryland has passed numerous laws that address healthcare for transgender people. In June 2023, the Governor signed an executive order⁷⁷ that declared the state a sanctuary state for those seeking gender-affirming care. The order: (1) prohibits the use of state resources to comply with subpoenas against transgender people and their healthcare providers; (2) requires that all state agencies “take whatever action is necessary” to protect those involved in providing, receiving or assisting in travel for gender-affirming care; (3) ensures that transgender people will not be extradited from Maryland for seeking gender-affirming care; and (4) protects certified healthcare practitioners from losing their licenses for providing gender-affirming care. The state has also passed the following laws regarding transgender healthcare:

- *House Bill 959/Senate Bill 872* (2020) solidified key elements of the Affordable Care Act into state law and added consumer protections based on gender identity in health insurance.
- *House Bill 1120/Senate Bill 738* (2020) expanded the coverage of healthcare nondiscrimination by a hospital, a related institution, and a person licensed or otherwise regulated by the Maryland Department of Health (MDH) or a unit in MDH from discriminating against any person to include a person’s race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability.
- The *Trans Equity Act*⁷⁸ beginning in January 2024, requires Maryland Medicaid to cover gender-affirming care for transgender residents. Currently, Medicaid covers some gender-affirming treatments for people ages 18 and older who have been diagnosed with gender dysphoria,

⁷⁷ https://governor.maryland.gov/Lists/ExecutiveOrders/Attachments/11/EO_01.01.2023.08_accessible.pdf

⁷⁸ <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/HB0283?ys=2023RS>

including outpatient psychotherapy or mental health services, hormone replacement therapy, gender reassignment surgery, procedures for people transitioning from one gender to another and post-transition services. This law expands coverage to include hormone therapy, hair alteration, voice therapy, physical alterations to the body, and fertility preservation. The Bill does not lift state policies on current requirements to qualify for gender reassignment surgery; patients must be 18 or older, have a diagnosis of gender dysphoria, undergo at least one year of continuous hormonal therapy when recommended by a mental health professional, and receive two referrals from a mental health professional before surgery.

As discussed in the chapter on barriers to healthcare, difficulty with paperwork and administrative tasks can be a barrier to receiving healthcare. Two laws adopted to help address these barriers are:

- House Bill 39/Senate Bill 581 (2021) makes it easier for transgender people to legally change their name by removing the requirement of publishing your name change in a newspaper when a name change is requested; and
- House Bill 421/Senate Bill 196 (2019) adds an X ID marker to Maryland IDs, Driver's Licenses, and learner's permits and also made all gender markers self-attest on those documents.

Montgomery County. In addition to state laws regarding gender identity, the Montgomery County Council passed the LGBTQ+ Bill of Rights in 2020.⁷⁹ The Bill offers expanded legal protections for LGBTQIA+ community members, adding gender expression and gender identity as protected classes in County law to support transgender and gender expansive residents. In addition, the Bill delineates certain practices in nursing homes or other healthcare or personal care facilities that will be considered prohibited discrimination (e.g., denying use of bathroom based on gender identity, denying or restricting medical or nonmedical care).

Further, in April 2023, the County Council passed a resolution that affirmed Montgomery County as a place that is inclusive of the transgender, nonbinary, gender non-conforming, and wider LGBTQIA+ community, and condemned all anti-LGBTQIA+ acts.⁸⁰

B. Data on Transgender People in Montgomery County

There is limited data on transgender people in Montgomery County. Summarized below, the LGBTQ+ Advisory Group completed a survey of LGBTQIA+ persons in the County, including differentiated results for transgender persons. The nonprofit TransMD⁸¹ is about to close a survey specifically focused on transgender and nonbinary persons in the state. The results will be available in the near future.

Montgomery County LGBTQ+ Advisory Study. In the summer of 2022, the Montgomery County LGBTQIA+ Advisory Group and Department of Health and Human Services (DHHS) conducted a survey of LGBTQIA+ persons in the County to understand the experiences of this population. The study included 842 respondents, with 258 (31%) identifying as "Trans, Transgender, Nonbinary, or any

⁷⁹ https://www.montgomerycountymd.gov/council/Resources/Files/agenda/col/2020/20201006/20201006_8B.pdf

⁸⁰ https://apps.montgomerycountymd.gov/ccllims/DownloadFilePage?FileName=11799_1_24959_Resolution_20-110_Adopted_20230411.pdf

⁸¹ <https://transmaryland.org/md-trans-survey>

gender under the gender-expansive umbrella.” For a full breakdown of the demographics of respondents, please see the study at <https://montgomerycountypride.org/2023-lgbtq-survey-report>.

Overall, the study found most respondents feel that the County is a safe place to live openly as a member of the LGBTQ+ community (74% of all respondents and 72% of transgender respondents). The transgender community in the County experienced slightly different outcomes compared with the overall LGBTQ+ community:

- Trans, gender expansive and questioning respondents were slightly more likely to have experienced homelessness (16% vs. 11%);
- Trans, gender expansive and questioning respondents were slightly more likely to report difficulty in finding housing or staying housed over the past year (19% vs. 12%);
- Trans, gender expansive and questioning respondents were more likely to have housed displaced or unaffirmed LGBTQ+ community members (22% vs. 10%); and
- Of those who had interactions with law enforcement (24% of all respondents), trans, gender expansive and questioning respondents were more likely to have experienced a somewhat or very negative experience (41% vs. 22%).

Survey respondents also identified the following that would make Montgomery County a more welcoming place:

- Creation of an LGBTQ+ community center/gathering space;
- LGBTQ+ focused or inclusive social spaces;
- Gender neutral bathrooms; and
- LGBTQ+ healthcare and social services/resources.

While the full report has extensive data on safety, discrimination, housing, and law enforcement interactions, the remainder of this section summarizes data on specific health outcomes for transgender people in the County.

Overall, 11% of all survey respondents (not just trans, gender expansive and questioning) reported that they were treated differently and/or discriminated against in a healthcare setting. Further, 41% of respondents who attempted to find a medical provider to support gender-affirming medical care found it difficult and 42% found it difficult to find gender-affirming mental health support. The following table compares the experience of trans, gender expansive and questioning respondents to those not trans, gender expansive, and questioning. Some highlights include:

- Trans, gender expansive and questioning respondents were almost three times as likely as other respondents to have a provider that was visibly uncomfortable because of their actual or perceived orientation or gender identity;
- Trans, gender expansive and questioning respondents were almost three times as likely to have to teach the doctor about their sexual orientation or gender identity; and

- Transgender, gender expansive and questioning respondents were almost five times as likely to have a provider use harsh/abusive language during treatment or be refused treatment.

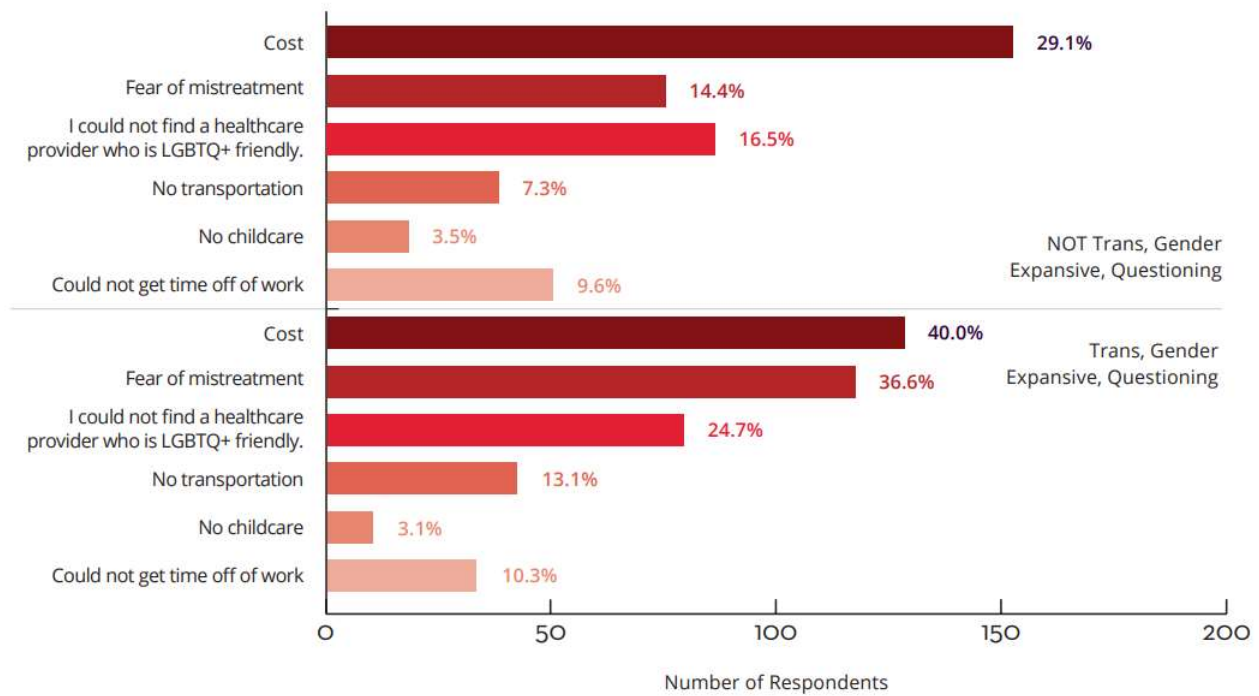
	Respondents	
	Trans, gender expansive and questioning	NOT Trans, gender expansive and questioning
Do you have one person or office you think of as your primary care provider?	72%	74%
Is that provider located in Montgomery County?	80%	79%
Within the past year, a provider was visibly uncomfortable because of my actual or perceived sexual orientation or gender identity.	30%	13%
Within the past year, I had to teach the doctor about my sexual orientation or gender identity to receive appropriate care.	43%	16%
Within the past year, a provider used harsh or abusive language when treating me.	14%	3%
Within the past year, a provider was physically abusive when treating me.	6%	3%
Within the past year, a provider refused to see me.	9%	2%

Respondents were also asked about their sexual health. The data show that:

- Trans, gender expansive and questioning respondents were less likely to feel very or somewhat comfortable discussing sexual health with a provider compared to not trans, gender expansive and questioning respondents (48% vs. 60%); and
- Trans, gender expansive and questioning respondents were likelier to report they have never been tested for HIV (40% vs 25%).

Barriers to Healthcare. The survey also asked respondents what the barriers were to receiving medical care. Overall, trans, gender expansive and questioning respondents were likelier to report cost, fear of mistreatment and transportation as reasons they delayed or postponed medical care.

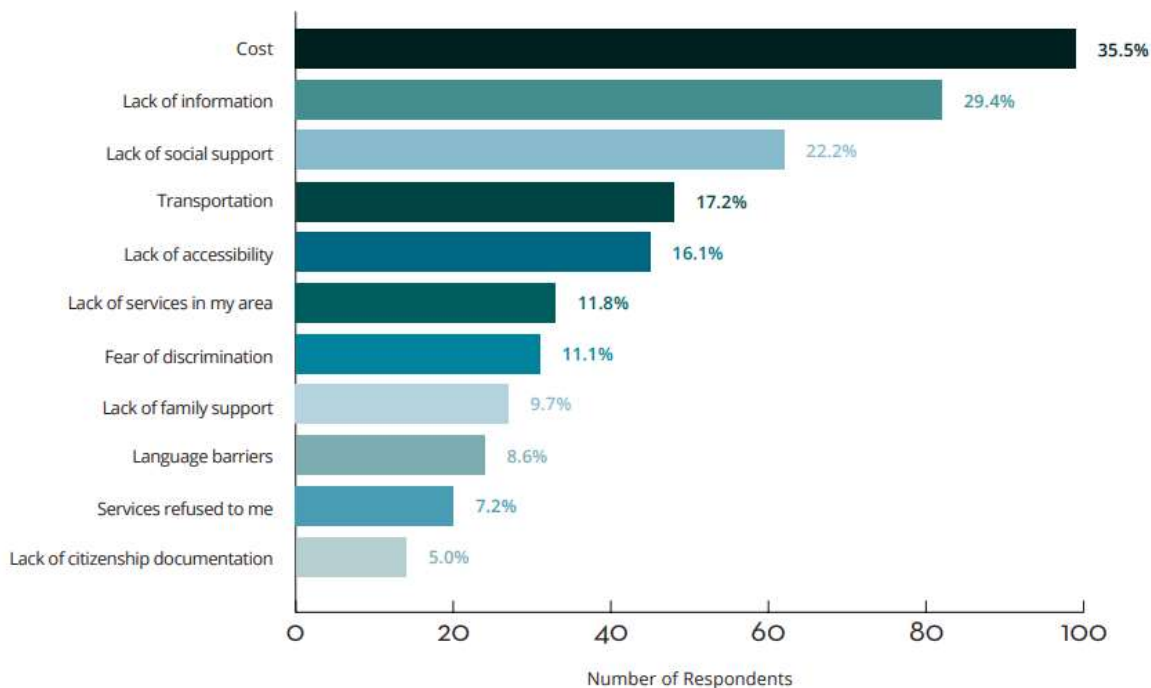
Within the past year, have you delayed or postponed medical care for any of the following reasons:



For those seeking gender-affirming care, the largest barriers were cost, lack of information and lack of social support.

Gender Affirming Care Barriers

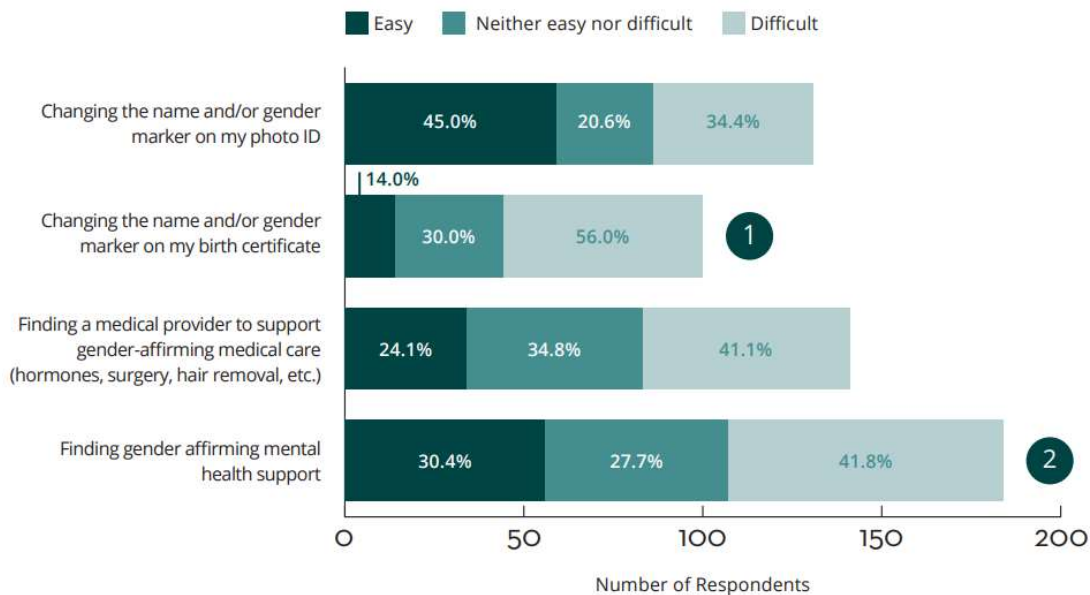
What barriers to gender affirming services and care have you faced in Montgomery County?



Other data from trans, gender expansive and questioning respondents include:

- 47% of respondents reported that a provider misgendered them or used the wrong name;
- Almost half (49%) reported that office staff misgendered them or used the wrong name; and
- One in six (15%) reported that a provider refused to provide them with gender-affirming care.

The following questions refer to different gender affirmation services. Please indicate if this service was easy, difficult, or if you have not tried to access it.



C. County Government Services for Transgender People

The Department of Health and Human Services (DHHS) is responsible for the public health and human services for the County’s most vulnerable children, adults, and seniors in several service areas: Aging and Disability Services; Behavioral Health and Crisis Services; Children, Youth and Family Services; Public Health Services; and Services to End and Prevent Homelessness. DHHS does not provide any trans-exclusive services – there is no traditional “gender-affirming” care. However, transgender individuals can access any services DHHS offers.

Staff report that Sexual Health and Wellness Services does see a higher proportion of the transgender community than most DHHS programs. Sexual Health and Wellness Services provides HIV and STI testing, treatment and prevention services at two locations - Dennis Avenue Health Center and Upcounty Regional Services Center. Staff report that Behavioral Health and Crisis Services also provide services to a significant number of transgender individuals.

While the department does not provide trans-exclusive services, DHHS staff report the Public Health Officer has identified the LGBTQIA+ community as a priority within the department, including a focus on the transgender community. DHHS has identified gender-affirming care as primary care and the department has completed several steps to support these priorities, including:

- Emphasis of the LGBTQIA+ community during the Health and Wellness Campaign;
- Addition of inclusive language on most DHHS intake forms and EHRs⁸² – some programs are tracking these data (Sexual Health and Wellness) while all programs have the capability of tracking these data;
- Funding of the MDTrans Resilience Conference, County Pride Festival, and a MoCo Pride Youth event, among other LGBTQIA+ events; and
- Partnered with the LGBTQ Advisory Board on a survey of the LGBTQIA+ community to better understand experiences and needs of the community.

Montgomery County Pride Website. In October 2023, Montgomery County launched a website⁸³ dedicated to providing information on events and resources for LGBTQ individuals in the County. Spearheaded by the LGBTQ Advisory Board and DHHS, the website provides the public with a list of events in the LGBTQ+ community along with LGBTQ resources across several areas:

Topic Area	Resources
Social and Cultural	Live in Your Truth MoCo Pride Center Queer MoCo Community
Transgender Resources	TransMD Maryland TransUnity TransLifeline DC Area Transmasculine Society
Healthcare	Dennis Avenue Health Center
Youth	MoCo Pride Youth MoCo Reconnect Drag Story Hour DMV Rainbow Youth Alliance Trevor Project
Families and Allies	PFLAG DC
Intersecting Identities	Empoderate Trans Latinx DMV Latinx History Project KQT DC AQUA DC APIQS DC

⁸² An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all key administrative clinical data relevant to that person's care.

⁸³ <https://montgomerycountypride.org>

The website also has information on how residents can report discrimination related to employment; real estate; housing; public accommodations for any reason related to sexual orientation, gender identity, gender expression, and HIV status (similar information is also provided for students in MCPS schools who experience bullying/harassment for similar reasons).

D. Non-Profit Service Providers for Transgender Healthcare

OLO identified healthcare organizations in the County that provide healthcare services targeted to transgender individuals – Planned Parenthood, CCI Services, and Mary’s Center. This section summarizes services offered by these programs. Stakeholders report there are also a few known trans-friendly private practices in the County, but OLO did not identify them for this report. For example, Johns Hopkins staff report they have trained pediatric adolescent providers in transgender care in their Rockville Community Physicians location.

Planned Parenthood – Gaithersburg.⁸⁴ The local Planned Parenthood is operated by Planned Parenthood of Metropolitan Washington D.C. (locations in Suitland, Washington, D.C. and Gaithersburg) and provides the following sexual and reproductive health services:

- Abortion;
- Birth Control;
- HIV Services;
- Men's Primary Health Care;
- Morning-After Pill;
- Pregnancy Testing & Services;
- STD Testing, Treatment & Vaccines;
- Transgender Hormone Therapy; and
- Women's Primary Health Care.

Planned Parenthood staff report that, within the three centers, they serve approximately 1,700 gender-affirming patients in person and via telehealth. The Gaithersburg center provides most gender-affirming services for patients (do not do surgery and some therapies, i.e. voice therapy). Once a patient for gender-affirming care, transgender people have a check-in appointment with staff every three months. Staff further report that all staff are trained in cultural competence and all forms are inclusive for patients.

Mary’s Center.⁸⁵ Mary’s Center is a community health center serving people of all ages, incomes, and backgrounds in the Washington, D.C. metro area (three in DC, one is Adelphi, and one in Silver Spring). Mary’s Center is primarily a primary care facility but also have several providers that specialize in the physical, emotional, and sexual health of the LGBTQIA+ and nonbinary communities. Staff report there are currently four providers for adults and one provider for pediatrics – two of the adult providers are available in the Silver Spring office; the remaining are in locations outside of Montgomery County. Mary’s Center staff report that all staff (medical and administrative) are being trained in cultural competence for the LGBTQIA+ community.

Some specific services provided by Mary’s Center include:

⁸⁴ <https://www.plannedparenthood.org/health-center/maryland/gaithersburg/20886/gaithersburg-center-2493-90230>

⁸⁵ <https://www.maryscenter.org/>

- Primary Care, including annual physicals, dental care, behavioral healthcare, preventive care, sick visits; and
- Sexual Health, including free HIV testing and prevention.

Mary's Center staff report they often recommend transgender patients go to a gender clinic in the area (see next chapter); however, they will provide services if the patient prefers to remain at Mary's Center. Some of the services the Center provides include:

- Talk about gender treatment goals and develop a treatment plan;
- Prescribe and manage hormone therapy;
- Provide surgical referral letters when needed;
- Help with insurance coverage eligibility; and
- Connect you with mental health providers at the Center.

CCI Health Services.⁸⁶ CCI Health Services is a Federally Qualified Health Center (FQHC) serving residents in Montgomery and Prince George's Counties, with five locations in Montgomery County (Gaithersburg, Silver Spring, Takoma Park, Wheaton, and Rockville). CCI provides the following healthcare services for all patients:

- | | |
|---------------------------------------|---|
| • Women, Infants, and Children (WIC); | • Women's Health; |
| • Primary Care; | • Pregnancy/Parenting; |
| • Dental Care; | • HIV/AIDS Infectious Disease Care; and |
| • Family Planning; | • Refugee Health. |
| • Behavioral Health; | |

CCI does not provide all gender-affirming care for patients but over the past two years, CCI has made a concerted effort to expand and prioritize LGBTQIA+ healthcare. Recently, the organization was awarded a place on the Human Rights Campaign's (HRC) annual Healthcare Equality Index (HEI). As part of this process, CCI has established inclusive patient forms and have had clinicians complete regular LGBTQIA+ training to ensure a welcoming and safe place for the community. The Center hopes to achieve the highest tier of the HRC Index in the coming years. CCI staff further report there is a new Chief Medical Officer who plans on expanding services to provide comprehensive services for all sexual and gender minorities. Staff report CCI hopes to open a health center in Montgomery County that is solely dedicated to LGBTQIA+ healthcare.

Online Resource Libraries. There are numerous online resource libraries that provide information on trans-friendly and/or trans-competent providers, both gender-affirming and primary care. However, stakeholders caution these resource libraries may be out of date, may not have accurate information, and may not identify any potential costs associated. Further, the websites themselves caution that potential patients should conduct their own investigation into any providers listed.

⁸⁶ <https://cciweb.org/>

Transgender Legal Defense & Education Fund (TLDEF).⁸⁷ The TLDEF's Trans Health Project provides a comprehensive, systematic approach to expanding access to transgender-related healthcare. As part of that, the organization provides some resources to find trans-competent health care providers.

- [Gender Centers](#)⁸⁸
- [GLMA: Health Professionals Advancing LGBTQ Equality](#)
- [How to Find a Gender-Affirming Doctor](#)
- [MyTransHealth](#)
- [OutCare: OutList](#)
- [RAD Remedy](#)
- [TransAtlas by Callen-Lorde](#)
- [TransLine: Transgender Medical Consultation Service](#)
- [WPATH Provider Directory](#)

Maryland Trans*Unity.⁸⁹ Maryland Trans*Unity is a peer-facilitated support group for the trans* community in Montgomery County. The organization's website provides a resource list of trans*health providers/lists:

- [Trans Wellness Information Network \(TransWIN\)](#)
- [Transgender Education Association \(TGEA\): Resource Page](#)
- [Trans Pulse Resource Locator](#)
- [MyTransHealth](#)
- [PleasePrEPMe](#)
- [American Academy of HIV Medicine](#)
- [World Professional Association for Transgender Health \(WPATH\) Provider Search](#)
- [Association of LGBTQ Psychiatrists](#)
- [National Queer & Trans Therapists of Color Network](#)
- [GALAP \(Gender-Affirming Letter Access Project\) Directory](#)

Other Organizations. There are numerous other organizations that provide services (other than healthcare services) for the LGBTQIA+ community in the County. These services are not specific for transgender individuals but can be utilized by them. Some examples of organizations that provide services include:

- MoCo Pride Center⁹⁰ aims to support, educate, and provide outreach to the LGBTQIA+ community and its allies through programming, events, and publishing of available resources;
- Rainbow Place⁹¹ is an emergency shelter for women, however the organization is working on opening an emergency shelter for LGBTQIA+ young adults in the future;

⁸⁷ <https://transhealthproject.org/>

⁸⁸ List of gender clinics associated with research institutions and teaching hospitals.

⁸⁹ <https://www.marylandtransunity.org/resources/>

⁹⁰ <https://www.mocopridecenter.org/>

⁹¹ <https://www.rainbowplace.org/s/>

- MoCo Reconnect⁹² provides education, workforce, shelter services for young people ages 16-24, with an emphasis on the LGBTQIA+ community; and
- Live in Your Truth⁹³ creates affirming spaces and events, provides information on available resources, and works with the Coalition for Inclusive Schools and Communities, the organization focuses on the intersectional of Black, LGBTQIA+, and BIPOC communities.

⁹² <https://mocreconnect.org/>

⁹³ <https://liveinyourtruth.org/>

Chapter 4. Overview of Key Services in Local Jurisdictions

While Montgomery County has limited providers that specialize in transgender healthcare, numerous LGBTQIA+ and transgender-focused health services are available in Baltimore and Washington, D.C. This chapter briefly summarizes the resources. Numerous stakeholders told OLO that because of lack of services in the County, many seeking transgender healthcare (particularly gender-affirming care) must go to these service providers.

*Transgender Response Team.*⁹⁴ The Transgender Response Team (TRT) develops informational and educational materials for transgender communities, allies, and the public. The Team meets monthly and is led by the Maryland Department of Health. It is composed of health and human services providers, state and local government representatives, transgender and gender nonconforming community members, and allies (most of the representation is from Baltimore). In September 2022, the Team released “Gender-Affirming Care and Services for Transgender and Nonbinary Marylanders”⁹⁵ which addresses in detail “*some aspects of all four domains of gender-affirming care and services, with the intention of providing enough background to deconstruct misinformation and barriers to the quality care and services that transgender and nonbinary Marylanders need and deserve, and to support recommendations for moving toward full health equity for Marylanders of all genders.*”

Chase Brexton and the Center for LGBTQ Health Equity. Based in Baltimore but with numerous other locations (none in Montgomery County), Chase Brexton and the Center for LGBTQ Health Equity provides gender-affirming care programs for transwomen, transmen, non-binary, and others who have healthcare needs that are overlooked by conventional healthcare organizations (along with healthcare for all people). Chase Brexton specializes in gender-affirming care and adheres to the WPATH Standards of Care. Some services for the transgender population include:

- Telehealth Services
- Pediatric Primary Care
- Primary Care
- Infectious Disease Treatment
- Diabetes Management
- Dental Care
- OB/GYN
- Therapy
- Substance Use
- Psychiatry
- Social Work
- Pharmacy
- Lab Services

Further, the GenderJOY program provides expert healthcare services for transgender and gender-diverse children and adolescents (and families). Specialized care includes:

- Pediatric care
- Gynecological care
- Puberty blockers
- Cross sex hormones
- Fertility preservation counseling
- Behavioral Health services
- Social work & outreach services
- On-site laboratory & pharmacy

⁹⁴ <http://trtnetwork.weebly.com/>

⁹⁵ http://trtnetwork.weebly.com/uploads/7/3/7/6/73764281/gender_affirming_care_for_marylanders_final.pdf

Johns Hopkins Center for Transgender and Gender Expansive Health.⁹⁶ The Johns Hopkins Center for Transgender and Gender Expansive Health offers comprehensive care for transgender youth and adults (using WPATH standards). Services for adults and children/adolescents include:

- Dermatology
- Facial Surgery
- Fertility
- Geriatric Care
- Gynecology and Obstetrics
- Hormone Treatment
- Hysterectomy
- Mental Health
- Pelvic Physical Therapy
- Penile Construction
- Primary Care for Gender Diverse Patients
- Top Surgery
- Urology
- Vaginoplasty
- Voice Therapy

Within the Center, the Emerge Gender and Sexuality Clinic for Children, Adolescents and Young Adults offers fully integrated and interdisciplinary expertise and clinical services in pediatrics, adolescent and young adult medicine, endocrinology, social work, child and adolescent psychiatry, mental healthcare, family and individual support, pubertal blockade, and cross-hormonal therapy. Hopkins staff report they have recently trained several providers in their Rockville Community Physicians locations on how to serve transgender and nonbinary patients.

STAR TRACK.⁹⁷ The STAR TRACK Adolescent Health Program, part of the University of Maryland Health System, provides primary, HIV, and psychosocial supportive care to HIV-infected and at-risk youth ages 12-24 in Baltimore. STAR TRACK's Your Trans Care (YTC) is a specialty program for transgender people ages 12-18 that offers routine care and a range of services for transgender individuals, friends, family, and significant others. Services include:

- Free support provided by peer navigators;
- Access and management of hormone therapy and puberty blockers;
- Transgender affirming gynecological services;
- Customized support and guidance for families, friends, and partners of transgender clients;
- Counseling referrals, clinical letter of support, and coordination for gender-affirming surgery; and
- Transgender specific health education workshops and materials.

After an initial appointment with an endocrinologist, a trans health navigator will work with the patient and their family to conduct a needs assessment. This needs assessment may include name and legal services, and referrals for surgeries, religious communities, and clinical therapy. STAR TRACK also runs numerous support groups and game nights for transgender youth.

⁹⁶ <https://www.hopkinsmedicine.org/center-transgender-health>

⁹⁷ <https://www.startrackhealth.org/>

Whitman-Walker Health.⁹⁸ Whitman-Walker is a non-profit community FQHC in the Washington, D.C. area with a special expertise in HIV/AIDS healthcare and LGBTQIA+ healthcare. Services include :

- Preventive Care;
- Gender-Affirming Care;
- Medical Adherence/Case Management;
- Women's Health;
- Aesthetic Medicine;
- Botox;
- Dermal Fillers;
- Laser Hair Removal;
- Laser Genesis;
- Spider Vein Treatment;
- Gynecological Care;
- High-Resolution Anoscopy;
- Wellness Services;
- Dental Health; and
- Youth and Family Supports.

Whitman Walker also provides the following mental health services:

- Integrated Brief Behavioral;
- Gender-Affirming Counseling & Assessment;
- Youth Mental Health (13-24 years old);
- Group Psychotherapy;
- Peer Support Services;
- Substance Use Treatment Services;
- Outpatient Substance Use Treatment;
- Medication for Opioid Use Disorder;
- Harm Reduction;
- Individual Psychotherapy; and
- Psychiatry.

Whitman-Walker Health provides gender-affirming hormone therapy to people as young as 13, along with extensive services for this population (including gender-affirming services, hormonal therapy/puberty blockers, trans care navigation, insurance navigation, counseling and assessment among many other services). Whitman-Walker also provides non-healthcare services for its entire population: legal services, name/gender change, insurance navigation, and youth and family support.

Children's National.⁹⁹ Children's National is a pediatric hospital in Washington, D.C. with numerous specialties across children's health, including several programs specifically for transgender children. Children's National focuses on providing individual supports for youth and/or parents, family-specific supports, school supports/interventions, and support groups.

- The Gender Development Program is a multidisciplinary program for transgender and gender-diverse youth and their families including psychiatry, psychology, speech therapy, endocrinology, and gynecology services.
- The Youth Pride Clinic offers primary and specialty care services to LGBTQIA+ patients.

⁹⁸ <https://www.whitman-walker.org/>

⁹⁹ <https://www.childrensnational.org/>

- The Gender and Autism (and Related Neurodiversity) Program supports gender-diverse and gender-exploring autistic youth — or youth with suspected autism — through evaluation, consultation, and a specialized ongoing support program.
- The Positive Reevaluation of Urogenital Differences (PROUD) Clinic, provides specialized diagnostic, evaluation, and treatment services for children with a variety of rare and complex diseases, including genetic counseling, genetic testing, surgical reconstruction, hormonal therapy, and psychological and psychosocial support.

Children's National will also provide primary care services for transgender youth. Staff report that when a patient contacts the hospital, a central intake officer will meet with them (and their parents) to direct them to any programs they need and will also provide outside referrals to services not provided by Children's National.

Chapter 5. Feedback from Community

OLO interview numerous stakeholders within the transgender and larger LBGQTIA+ community across the County and State of Maryland, including nonprofit and advocacy organizations and medical facilities. During these interviews, OLO heard the following feedback themes.

Transgender Community in General

While Maryland is among the “better” states to provide services to transgender individuals, there is still a long way to go to meet the current needs of transgender residents. While Maryland has had statewide protections against discrimination based on an individual's gender identity since 2014, signed an executive order in 2023 identifying the state as a sanctuary for gender-affirming care, and has numerous LGBTQIA+ service providers in Baltimore and neighboring Washington, D.C., there is still significant unmet demand for healthcare in the transgender community. Stakeholders report a significant lack of providers across the state who are sufficiently knowledgeable, which can result in incredibly long wait times for appointments or going out of state to receive services. Stakeholders report there are only two surgeons in the Baltimore/DC area who perform gender-affirming surgeries.

Disinformation on the transgender community continues to be a significant issue across the country. Anti-trans advocates and politicians have developed and amplified several false and damaging narratives towards transgender people. In recent years, stakeholders report escalations of anti-trans hate, anti-trans legislation, and violence directed at the transgender community. The widespread dissemination of misinformation has attributed to increased anxiety and suicidal ideation among transgender individuals, decreased parental support for transgender youth, and a decrease in healthcare providers’ willingness to offer gender-affirming care.

The transgender community is often left behind from the larger LBGQTIA+ community. Many feel the “T” is silent in terms of being heard. Despite some assumptions that the LGBTQIA+ community is a homogenous community, it is made up of people who span a variety of sexual orientations and gender identities. Stakeholders report these subcommunities do not always affirm one another. Stakeholders also report trans women and men, along with nonbinary individuals, are often neglected and marginalized by those who set priorities of the larger LBGQTIA+ community.

All primary healthcare is gender-affirming care. Typically, people associate gender-affirming care with interventions such as medications (e.g., hormone therapy) and surgeries, particularly with those transitioning from one gender to another. Stakeholders emphasize, however, that all care is gender-affirming care to a transgender person. Gender-affirming care is all medical, psychological, and emotional care from a provider who is culturally and medically competent to care for a transgender individual in an environment where they feel safe.

Transgender Healthcare in Montgomery County

Montgomery County is a “desert” in terms of healthcare services for transgender individuals. Many County residents must go to Baltimore or Washington, D.C. for services. OLO identified only three facilities that provide gender-affirming care/transgender-specific care (hormone therapy, etc.) in the County. All stakeholders reported many transgender individuals must go to a facility in Baltimore, Columbia (Chase Brexton), or Washington, D.C. to receive these services.

There is a spectrum on how transgender individual are treated within the healthcare environment. Stakeholders report that the experience of a transgender person in a medical setting (and in the world at large) can be dependent upon their gender expression. Transgender people may decide to consistently present as male or female or may have mixed, gender non-conforming, or gender-fluid presentation. Transgender people who are not perceived as being transgender experience significantly less harassment than transgender people who are visibly transgender.

Transgender individuals are not aware of available resources or how or where to find them. Unless a person has a network/friend who knows safe and knowledgeable healthcare providers, it is often difficult to locate one. Stakeholders report there is no road map or single community access point for transgender people in the County to locate safe and respectful healthcare service providers. There is no outreach on where transgender individuals can go for resources and support. Many transgender individuals rely on knowing someone who can refer them to a provider or simply have to hope for the best if going to a new provider. Several stakeholders referenced the Virginia Transgender Resource & Referral List,¹⁰⁰ which is a Virginia Department of Health document that provides the name, location, contact information and available services from affirming providers. However, the Commonwealth cautions the list is an informational resource only and providers have not been endorsed, certified, or vetted by the Virginia Department of Health beyond completing a Transgender Resource and Referral List Information Form.

Montgomery County needs more Federally Qualified Health Centers (FQHC) to meet the needs of all residents, but particularly those in the transgender community. FQHCs are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. FQHCs provide transgender patients with access to primary, dental, and behavioral health services, including hormone replacement therapy and other gender-affirming care. OLO was able to identify only four organizations in the County that qualify as a FQHC – stakeholders stated the County needs more centers to meet the needs of the transgender community.

The biggest barrier to transgender healthcare in Montgomery County is lack of access to knowledgeable providers. Other barriers include costs, transportation, and insurance. Safety and social stigma continue to be a barrier for many. Transgender people encounter unique challenges and inequalities in their ability to access adequate healthcare. Stakeholders report the biggest barrier to receiving care in Montgomery County is the lack of knowledgeable providers – and providers that are available have long waiting periods for appointments. Other barriers identified by stakeholders include:

¹⁰⁰ <https://www.vdh.virginia.gov/content/uploads/sites/10/2019/04/TransRRList.pdf>

- The high cost of living in Montgomery County results in less resources for transgender individuals to pay for necessary healthcare, transportation to facilities, or insurance;
- Because there are few resources in the County, many transgender individuals must travel to other jurisdictions to receive care, which can be prohibitively costly and time-consuming;
- Even though the TransEquity Act addresses this barrier, many stakeholders reported that insurance companies continue to deny coverage for necessary healthcare or if a company covers care, it can be extremely difficult for patients to utilize it; and
- Fear and anticipation of discrimination and/or poor treatment can result in people's avoidance of healthcare, especially for BIPOC transgender individuals.

BIPOC transgender individuals face the same barriers as non-BIPOC transgender individuals, but the barriers are magnified and amplified by racism. Many also experience cultural and/or familial trauma related to being transgender. Both transgender individuals and BIPOC individuals experience barriers to healthcare access. However, a person who is part of both communities may experience compounded challenges. Stakeholders report they are often subjected to transphobia, racism, and xenophobia from within their own community or other groups. This can be especially difficult for immigrant transgender individuals, who may have to deal with culturally based discrimination.

There is a lack of mental health services for transgender individuals, particularly transgender youth. Transgender people struggle with higher levels of mental illness including depression, anxiety and thoughts of suicide compared with the general population. This increased occurrence of mental health disorders within the transgender community is often a result of gender dysmorphia, discrimination, transphobia, lack of support, isolation, financial instability, and health challenges. It is vital to the transgender community to get the help and support they need. However, all stakeholders reported the services and resources available for mental health in the County, particularly for transgender youth, are severely limited and those resources that are available are difficult to access.

There is a lack of available transgender healthcare services in languages other than English. Numerous stakeholders reported that of the already limited available healthcare services for transgender individuals, trying to access services in languages other than English is very difficult. This can be further complicated by the need for appropriate, respectful, and sensitive language when treating transgender individuals.

Training is needed for all providers and administrative staff, not only in the medical care of transgender individual but also in respectful treatment of the community. This training should include the intersectionality of the transgender community with other minority communities. Stakeholders reported there is minimum transgender care learning in medical school curricula, and many providers have never met a transgender individual. Stakeholders report training is necessary not only to acquire knowledge of, but also confidence in, working with transgender people. All healthcare providers should be able to help individuals explore and affirm their gender identity, explore different options for expression of that identity, and make informed decisions about medical treatment options. Stakeholders also noted that training in competence, knowledge and skills working with the transgender community should extend beyond doctors to include nurses, assistants, pharmacists, etc. It also imperative that office staff receive training in offering affirming and welcoming environments.

Comprehensive Transgender Services

Baltimore and Washington, D.C. have a long history of work, advocacy, and visibility for LGBTQIA+ individuals (not always good though), which have led them to central hubs for resources and services for transgender individuals. Stakeholders believe Montgomery County has the infrastructure to establish a similar environment. Baltimore and Washington, D.C. have decades-long histories of having LGBTQIA+ advocacy organizations that have made the community, including transgender people, visible. Baltimore also has a history of having surgeons who will perform gender-affirming surgery, a scarce resource in the country. However, stakeholders note that while these cities are lead in terms of services and resources, the trans experience has not always been good (although it has been better than in many other places). Transgender advocates who are familiar with Montgomery County report the County has the organizational infrastructure and non-profit leadership to establish a similar “hub.”

There is little investment in the transgender community in Montgomery County. Many transgender advocates OLO spoke with believe that even though the County is a liberal, progressive place, there is little support for the transgender community. Stakeholders believe there are no resources (funding, space, etc.) provided for the community and there is little to no support for community organizations that work with the transgender population.

There needs to be more comprehensive services for transgender individuals. Housing/shelter is the primary and most urgent need, especially for transgender youth. While transgender people are increasingly visible, they still face severe discrimination, stigma and systemic inequality including a lack of legal protection, poverty, and violence. Transgender individuals are much more likely to be homeless because of economic marginalization and/or lack of acceptance by family. Housing stability is an increasing focus of attention for healthcare providers, as it is recognized as a key social determinant impacting physical and mental health. Stakeholders note that shelters may not be practical for transgender people in general because shelters are often binary – either for men or women. Transgender or nonbinary individuals may not feel safe in shelters due to discrimination from other shelter guests.

Locating/securing physical space for nonprofit service providers is very difficult. There are several organizations that would like to open gender-expansive safe spaces for the community but have not been able to obtain a location. OLO spoke with numerous organizations that are hoping to/planning on establishing additional LGBTQIA+ programs in the County, particularly for youth. However, these organizations have stated that trying to secure a physical location has been difficult – both finding an adequate space that meets the need but also the financial cost the spaces require, which can be cost-prohibitive for non-profit organizations.

Chapter 6. Findings and Recommendations

This Office of Legislative Oversight (OLO) report responds to the County Council's request to examine the availability and accessibility of healthcare for transgender individuals in the County. This chapter presents OLO's findings and recommendations for Council action.

Findings

Finding #1. Transgender is a broad term used to describe an individual whose gender identity, gender expression or behavior does not conform to the sex to which they were assigned at birth.

In the initialism LGBTQIA+, which is a commonly used (today) umbrella term to refer to individuals' sexual and gender identities, the T refers to the transgender community. The transgender community represents a spectrum of gender identities and expressions and is not indicative of sexual orientation, hormonal makeup, physical anatomy or how an individual is perceived in public.

As of June 2022, the Williams Institute of the UCLA School of Law estimates there are 24,000 adults (0.51% of the population) and 8,000 youth (2.08% of the population) that identify as transgender in the State of Maryland. Young adults (ages 18-24) account for approximately 10,100 of these individuals who identify as transgender. There are no data estimated on how many transgender individuals are in Montgomery County.

Finding #2. All primary and preventative medical care for transgender people is and should be considered gender-affirming care.

Gender-affirming care, sometimes referred to as transition-related care, is a range of services, including social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth. The most common use of the term refers to interventions that allow transgender individuals to align their emotional, interpersonal and biological aspects of life with their gender identity along a continuum that includes male, female, a combination of those, neither of those and fluid.

In addition to gender-affirming/transitioning medical care, transgender people have primary and preventive healthcare needs that are the same as the general population. Many transgender advocates assert that both primary and preventative healthcare constitute gender-affirming care because these types of care for transgender individuals have unique considerations. Examples include:

- Male to female transgender individuals who have a known increased risk for breast cancer should follow screening guidelines recommended for nontransgender women if they are aged >50 years and have had more than five years of hormone use. For female to male individuals who have not had chest surgery, screening guidelines should follow those for nontransgender women.
- Prostate cancer screening is recommended for transgender women.

- When a transgender man has a pap smear, it is essential that healthcare providers make it clear to the laboratory that the sample is a cervical pap smear and not an anal pap, especially if the patient is identified as male.
- Clinicians should assess the risks for sexually transmitted infection (STIs) or HIV for transgender patients based on current anatomy and sexual behaviors.

Gender-affirming care should include all medical, psychological, and emotional care from a provider who is culturally and medically competent to care for a transgender individual in an environment where they feel safe.

Finding #3. The limited data on transgender health and healthcare in the United States show that transgender individuals are more likely overall to experience fair/poor health and had higher rates of serious psychological distress when compared with cisgender people.

National data show that transgender people have similar rates of health insurance coverage compared with cisgender people. However, transgender people report significant rates of coverage denial for services related to being transgender:

- One in four transgender people experienced a problem in the past year with their insurance, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- More than half (55%) of those who sought coverage for transition-related surgery and 25% of those who sought coverage for hormones in the past year were denied.

Data show that transgender individuals are a high-risk population for mental and physical health problems and show significant health disparities for the community. National studies have shown that:

- 54% of transgender people reported poor physical health at least one day in the past month compared to only 36% of cisgender¹⁰¹ people;
- Transgender people are more likely to develop cardiovascular disease or asthma than cisgender individuals;
- Three in five transgender respondents reported experiencing poor mental health at least one day in the past month, 23% higher than that of cisgender respondents;
- 40% of transgender individuals have attempted suicide in their lifetimes, nearly nine times the rate in the overall U.S. population (4.6%); and
- The rates of hazardous drinking and problematic drug use were similar for transgender and cisgender adults. However, transgender nonbinary individuals had higher reported use than other sub-groups of transgender adults.

¹⁰¹ Cisgender refers to people whose gender identity and gender expression align with their assigned sex at birth.

Finding #4. Nationally, the biggest barrier to healthcare for transgender individuals is a lack of knowledge and training among healthcare providers to respectfully interact with and care for transgender patients.

Transgender individuals must be treated uniquely, based on their transgender experience, hormonal status and anatomy. Research shows an absence of or exceptionally limited trans-specific training in medical, nursing, and paramedical school curricula. In one study, three-quarters of clinicians reported never treating a transgender person and, while 86% of physicians said they were willing to provide care for transgender patients, only two-thirds said they believed they had received enough education to do so. Other data show:

- 33% of transgender individuals who saw a healthcare provider in the past year reported having at least one negative experience related to being transgender, including being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care;
- In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford to;
- Only 55.9% of transgender people had a transgender-related healthcare (TRHC) provider, with nonbinary participants significantly less likely to have one than either transgender men or transgender women; and
- Of transgender people surveyed, 63.9% had not been to a LGBTQIA+ or transgender-specific clinic or provider in the last five years and nonbinary persons were less likely to have done so than transgender men or transgender women.

Because of limited access to providers who offer competent and respectful transgender-related care, many individuals report having to travel great distances to see knowledgeable providers or they must be knowledgeable and informed about their transgender healthcare in order to teach their provider about their own healthcare. All stakeholders OLO spoke with emphasized the need for training/education for providers and administrative staff, not only in the medical care of transgender individuals but also in respectful treatment of the community and in offering an affirming and welcoming environment.

Stakeholders also report a lack of available transgender healthcare services in languages other than English. The lack of care available in languages other than English has significant impact when considering the importance of appropriate, respectful, and sensitive language needed to treat transgender individuals.

Finding #5. In addition to a lack of culturally competent healthcare providers, other barriers to healthcare for transgender individuals include non-affirming environments, lack of health insurance, and larger socioeconomic barriers.

The physical environment in which transgender people receive care can create barriers to healthcare. While many barriers are similarly faced by other groups, many are unique and may be significantly magnified for transgender individuals. In an unwelcoming environment, transgender individuals may feel unseen and, in many cases, unsafe. Examples include:

- The interpersonal environment (including the lack of proper language/pronoun and name use) and care provided by both medical staff and administrative staff can impact a transgender person's likelihood of and ability to access services.
- Electronic health records and patient intake forms can be difficult to navigate because they are often gender-binary and do not include information about transition history or sexual anatomy.
- A lack of accurate identity documents can result in difficulties in receiving medical care. One study found that one in two transgender respondents have no identification with their authentic name, and just one in three have identification with their authentic pronouns.

In addition, denial of insurance coverage continues to be a common barrier for transgender people. While the Patient Protection and Affordable Care Act of 2010 stated that healthcare providers cannot deny transgender people coverage for transition-related care, insurance-based coverage denials continue to be a common barrier. Insurance providers frequently deem gender-affirming interventions to be cosmetic or medically unnecessary or consider being transgender a preexisting condition and deny coverage of services.

Transgender people also experience higher levels of socioeconomic barriers to healthcare, such as living below the poverty line, higher rates of homelessness, higher likelihood of experiencing sexual and physical assaults, bullying, harassment and unequal treatment in public accommodations, and higher unemployment rates. As a result, many cannot afford proper medical care, let alone gender-affirming/transition care.

Finding #6. Black, Indigenous and People of Color (BIPOC) transgender individuals face the same barriers as non-BIPOC transgender individuals but magnified and amplified by structural racism in healthcare.

Discrimination in healthcare settings against transgender people and racial/ethnic minorities, as separate social groups, is well-documented. However, there has been limited research on the intersection of gender identity and race/ethnicity regarding healthcare experiences for transgender people. The following table shows they have more difficulty in accessing care and encountered more mistreatment compared to the transgender population as a whole.

	All Transgender People	Transgender People of Color
Postponed or avoided getting preventive screenings in the past year for fear of discrimination	40%	54%
Postponed or avoided necessary medical care because of cost	51%	60%
Experienced some form of mistreatment (including the refusal of care, misgendering, and verbal/physical abuse) by a provider in the past year	50%	68%
Denied gender-affirming care by a health insurer in the past year	46%	56%
Had no insurance or only partial coverage of gender-affirming care	48%	54%
Health insurer refused to change their name or gender on health records	34%	39%

Stakeholder feedback reinforced this is a common experience for BIPOC transgender individuals. Numerous stakeholders reported that in addition to discriminatory treatment within a healthcare setting, many transgender people also experience cultural and/or familial trauma related to being transgender. They can be subjected to transphobia and racism from within their own community or other groups. This can be especially difficult for immigrant transgender individuals, who may have to deal with culturally based discrimination.

Finding #7. Maryland has increased protections for transgender people, such as passing refuge bills for those seeking medical care in their states, expanding healthcare access, and adopting nondiscrimination laws; however, there are still not enough services to meet the need.

In recent years, Maryland has passed numerous laws that address healthcare for transgender people including:

- An executive order declaring Maryland a sanctuary state for those seeking gender-affirming care;
- A bill that solidified key elements of the Affordable Care Act into state law and added consumer protections in health insurance cases based on gender identity; and
- The Trans Equity Act, which requires Maryland Medicaid to cover gender-affirming care for transgender residents starting in 2024, expanding coverage to include hormone therapy, hair alteration, voice therapy, physical alterations to the body, and fertility preservation.

In addition to state laws regarding gender identity, the Montgomery County Council passed the LGBTQ+ Bill of Rights in 2020, which offers expanded legal protections for LGBTQ+ community members, adding gender expression and gender identity as protected classes in County law to support transgender and gender expansive residents. Further, in April 2023, the Council passed a resolution that affirmed Montgomery County as a place that is inclusive of the transgender, nonbinary, gender non-conforming, and wider LGBTQIA+ community, and condemned all anti-LGBTQIA+ acts.

While Maryland is among the “better” states to provide services to transgender individuals, stakeholders report there is still significant unmet demand for healthcare services in the community. Stakeholders report a significant lack of providers across the state who are sufficiently knowledgeable, which can result in incredibly long wait times for appointments or going out of state to receive services. Stakeholders also report there are only two surgeons in the Baltimore/DC area who perform gender-affirming surgeries.

Finding #8. A recent Montgomery County study found overall, most respondents feel that the County is a safe place to live openly as a member of the LGBTQIA+ community (74% of all respondents and 72% of trans respondents). However, the transgender community experienced more adverse outcomes and significantly more difficulty within the healthcare environment in the County.

A survey conducted by the County’s Department of Health and Human Services and the LGBTQ+ Advisory Board found that, overall, people within the LGBTQIA+ community feel safe in the County. However, the transgender community in the County experienced slightly different outcomes compared with the overall LGBTQIA+ community:

- Trans, gender expansive and questioning respondents were slightly more likely to have experienced homelessness (16% vs. 11%);
- Trans, gender expansive and questioning respondents were more likely to have housed displaced or unaffirmed LGBTQIA+ community members (22% vs. 10%); and
- Of those who had interactions with law enforcement (24% of all respondents), trans, gender expansive and questioning respondents were more likely to have experienced a somewhat or very negative experience (41% vs. 22%).

Healthcare. Gender-affirming care was difficult to find for a significant percent of the respondents - 41% of respondents who attempted to find a medical provider to support gender-affirming medical care found it difficult and 42% found it difficult to find gender-affirming mental health support. In addition:

- Trans, gender expansive and questioning respondents were almost three times as likely to have a provider that was visibly uncomfortable because of their actual or perceived orientation or gender identity (30% vs 13%);
- Trans, gender expansive and questioning respondents were almost three times as likely to have to teach the doctor about their sexual orientation or gender identity (43% vs 16%); and
- Transgender, gender expansive and questioning respondents were almost five times as likely to have a provider use harsh/abusive language during treatment or be refused treatment (14% vs 3%).

Further, trans, gender expansive and questioning respondents reported the following:

- 47% of respondents report that a provider misgendered them or used the wrong name;
- Almost half (49%) reported that office staff misgendered them or used the wrong name; and
- One in six (15%) reported that a provider refused to provide them with gender-affirming care.

Finding #9. The barriers to transgender healthcare reported by Montgomery County residents were similar to barriers seen in national data. County residents report the biggest barrier to healthcare is cost.

Overall, trans, gender expansive and questioning respondents in the Montgomery County survey were likelier to report cost, fear of mistreatment and transportation as reasons they delayed or postponed medical care.

Within the past year, have you delayed or postponed medical care for any of the following reasons:	NOT Trans, Gender Expansive, Questioning	Trans, Gender Expansive, Questioning
Cost	29%	40%
Fear of mistreatment	14%	37%
I could not find an LGBTQIA+-friendly healthcare provider	17%	25%
No transportation	7%	13%
Could not get time off work	10%	10%
No childcare	4%	3%

For those seeking gender-affirming care, the largest barriers were cost, lack of information and lack of social support:

What barriers to gender-affirming services and care have you faced in Montgomery County?	Percent of Respondents
Cost	36%
Lack of Information	29%
Lack of social support	22%
Transportation	17%
Lack of accessibility	16%
Lack of services in my area	12%
Fear of discrimination	11%
Lack of family support	10%
Language barriers	9%
Services refused to me	7%
Lack of citizenship documentation	5%

Stakeholders who spoke with OLO reported similar barriers to receiving healthcare – with one of the largest in Montgomery County being the lack of knowledgeable providers in the area. In addition, the

high cost of living in Montgomery County results in fewer resources for transgender individuals to pay for necessary healthcare, transportation, or insurance. Because of lack of resources in the County, many individuals must travel to other jurisdictions to receive care, which can be prohibitively costly and time-consuming.

Finding #10. There are limited services for transgender individuals in Montgomery County. The County Government does not provide trans-specific services. OLO identified three clinics in the County that provide gender-affirming care (including hormone therapy, specialized mental health, etc.).

OLO identified three healthcare organizations in the County that provide healthcare services targeted to transgender individuals – CCI Health Services, Mary’s Center, and Planned Parenthood. None of these provide care solely for transgender and gender-expansive individuals. Rather, they provide limited gender-affirming services. Stakeholders also report there are also a few known trans-friendly private practices in the County, but OLO did not identify them for this report.

- Planned Parenthood – Gaithersburg provides primary care and most gender-affirming services for transgender patients;
- Mary’s Center provides primary care services to transgender patients and has two adult clinicians in the Silver Spring location that provide gender-affirming care; and
- CCI Health Services provides primarily primary care for patients and provides limited gender-affirming services but is actively working on expanding its transgender services.

The County’s Department of Health and Human Services does not provide any trans-exclusive services – there is no traditional “gender-affirming” care. However, transgender individuals can access any services DHHS offers. While the department does not provide trans-exclusive services, DHHS staff report the Public Health Officer has identified the LGBTQIA+ community as a priority within the department, including a focus on the transgender community. The department has completed the following actions to emphasize this support: added inclusive language on most DHHS intake forms and health records; funded several events including the MDTrans Resilience Conference and County Pride Festival; and launched a website providing information on events and resources for LGBTQIA+ individuals.

Finding #11. Baltimore and Washington, D.C. have several gender-expansive programs and centers that Montgomery County residents access because of lack of services in the County. These two cities have become “hubs” for the transgender communities.

Baltimore and Washington, D.C. have a long history of work, advocacy, and visibility for LGBTQIA+ individuals, which has created central hubs for resources and services. Further, Baltimore has a history of having surgeons in the area that will perform gender-affirming surgery, a scarce resource in the state. As a result, both cities have become “hubs” for the transgender community, in terms of medical care and other support organizations. The primary medical facilities that provide healthcare for transgender individuals are listed below.

- Chase Brexton Health Services/Center for LGBTQ Health Equity (Baltimore);
- Johns Hopkins Center for Transgender and Gender Expansive Health (Baltimore);
- STAR TRACK Adolescent Health Program (University of Maryland Health System);
- Whitman-Walker Health (Washington, D.C.); and
- Children’s National (Washington, D.C).

However, stakeholders note the services and resources in Baltimore and Washington D.C. still do not meet the current demand for services. Most transgender advocates familiar with Montgomery County said the County has the organizational infrastructure and non-profit leadership to establish a similar “hub.”

Finding #12. Stakeholders believe there is little investment in the transgender community in Montgomery County.

Many transgender advocates who OLO spoke with believe that even though the County is a liberal, progressive place, there is little support for the transgender community. Stakeholders report there are no resources (funding, space, etc.) provided for the community and there is little to no support for community organizations that work with the transgender population. Many stakeholders also believe the transgender community is often left behind the larger LGBTQIA+ community, which includes multiple identities across a variety of sexual orientations and gender identities, and the communities do not always affirm one another. Stakeholders report that trans women, men, and nonbinary individuals are often neglected and marginalized by those who set priorities with the larger LGBTQIA+ community.

Finding #13. Stakeholders report that Montgomery County transgender residents are unaware of resources, services, and providers available in the County and are further unaware of where to look for them. Many stakeholders stated that unless a transgender individual has a network/friend who knows of safe and knowledgeable providers, it is often difficult to locate one.

Stakeholders report that there is no road map or community access point for transgender residents to locate safe and respectful healthcare service providers. Because of the scarcity, transgender people often must rely on social networks to locate supportive and competent clinicians. Several stakeholders positively referenced the Virginia Transgender Resource & Referral List, which is a document by the Commonwealth’s Department of Health that provides the name, location, contact information and available services for affirming healthcare providers. However, the Department of Health cautions that this list is an informational resource only and providers are not endorsed, certified, or vetted.

Finding #14. There is a lack of comprehensive social services for transgender individuals in the County, particularly for youth. The two urgent needs identified by stakeholders include mental health services and housing/shelter services.

While this report's focus was on transgender healthcare, stakeholders consistently identified the need for more mental health services and for emergency shelter services (particularly for transgender youth):

- Transgender people struggle with higher levels of mental illness and stakeholders reported that the services and resources available for mental health in the County are severely limited and difficult to access.
- Transgender individuals are much more likely to be homeless because of economic marginalization and/or lack of family acceptance, and housing stability is an increasing focus of attention for healthcare providers because it is a key social determinant impacting physical and mental health.

Several nonprofit organizations in the County reported to OLO that they are currently in the process of trying to address these needs by opening gender-expansive safe spaces for the community, including emergency shelters. However, these organizations have stated that trying to secure a physical location has been difficult – having trouble finding an adequate space that meets the need and finding the financial cost of spaces prohibitive.

Recommendations

The County Council requested this report to assess the availability and accessibility of healthcare for transgender individuals in Montgomery County. OLO emphasizes that it is imperative the Council include representatives from the transgender and nonbinary communities in the discussion when considering these recommendations.

Recommendation # 1. Discuss options to require training for healthcare providers on LGBTQIA+ cultural competency to remain licensed, registered, or certified in the State of Maryland.

Transgender people face unique barriers to receiving both routine and gender-affirming healthcare. Stakeholders report that transgender healthcare is not adequately covered in medical curricula and, as a result, few clinicians report feeling comfortable with providing care to transgender and gender-diverse patients. **The Council should discuss with state elected officials representing Montgomery County options for amending state law to require training about LGBTQIA+ cultural competency as part of state healthcare licensing.**

Stakeholders describe two distinct types of needed education for healthcare providers: (1) medical education for appropriate clinical treatment for transgender individuals; and (2) cultural competence education on how to respectfully provide services (medical care and administrative) in a culturally sensitive manner (e.g., creating a safe and welcoming environments). For example, Washington, D.C. passed the LGBTQ Cultural Competency Continuing Education Amendment Act of 2016 (Law 21-95), which requires two continuing education credits on cultural competency or specialized clinical training for any health provider to remain licensed, registered, or certified in D.C.

The Council should also ask the County Executive to create a publicly available list of healthcare providers in the County who affirmatively provide healthcare services for transgender individuals. This would enable residents to easily locate welcoming and affirming providers.

Recommendation # 2. Discuss the need and feasibility of a dedicated, safe, and affirming space for the LGBTQIA+ community in the County.

Many jurisdictions have community centers, often created by LGBTQIA+ communities themselves, that provide individuals a place of respite from historic hostility and discrimination experienced by transgender individuals and others in the LGBTQIA+ community. These centers provide urgently needed and affordable care and services targeted to LGBTQIA+ populations.

The limited number of businesses or organizations that provide services for transgender individuals in Montgomery County, combined with a large and increasing demand for services, has resulted in a void of services in the County. Many of the organizations that work with this community have little funding, demand for services has been consistently increasing, and many transgender individuals in the County do not know where or how to access resources and services.

OLO recommends that the Council discuss the feasibility of establishing an inclusive and welcoming center/hub for the LGBTQIA+ community in the County. A center could provide a single point of access for local government resources, service providers, residents, and other community organizations. Examples of services that could be made available at a center include:

- Healthcare services;
- Mental health services;
- Support groups;
- Meeting/recreation spaces;
- Youth-specific services;
- Legal services;
- Employment support;
- Housing services; or
- Referrals for any of these.

OLO recommends the discussion of and work toward establishing and operating a center be inclusive, comprehensive, and actively involve all parts of the LGBTQIA+ community and include intentional focus on the intersections of race, class, and gender identity within these communities.

Chapter 7. Agency Comments

The Office of Legislative Oversight (OLO) shared final drafts of this report with staff from Montgomery County Government. OLO appreciates the time taken by County staff to review the draft report and to provide technical feedback. This final report incorporates technical corrections and feedback received from County staff.

At the time of report release, the written comments from the Montgomery County Chief Administrative Officer were not available. They will be added to this report when received.